

Copyright

by

Neal Anthony Bowen

2002

**The Dissertation Committee for Neal Anthony Bowen
Certifies that this is the approved version of the following dissertation:**

**Satisfaction With Life of
Refugees and Immigrants**

Committee:

Stephanie Rude, Supervisor

Ricardo Ainslie, Co-Supervisor

Laura Lein

Frank Richardson

Christopher McCarthy

**Satisfaction With Life of
Refugees and Immigrants**

by

Neal Anthony Bowen, B.A., M.A.

Dissertation

Presented to the Faculty of the Graduate School of

the University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Doctor of Philosophy

The University of Texas at Austin

August, 2002

Para Adriana,
mi compañera de continentes y generaciones
quien logró cargar mis dudas, mis sueños, mis dolores y mis errores
con elegancia y gracia.

Preface

It was the summer before I entered the doctoral program I am now completing. I was sitting in a fairly dingy office on the second floor of a small office building shared by 4 non-profits. In my hand was a copy of decision rendered by the Immigration and Naturalization Service denying asylum to a client I had worked with for a year. A slam-dunk political asylum case we had thought. Denied.

There was an afternoon thunderstorm brewing outside the window and I was stunned, wondering what I would be able to say to her. The asylum officer had decided that the 3 houses burned down; the chillingly specific death threats against her parents and her children; the 3 days she spent tied, naked, to a tree in a rebel camp, believing her children to have been killed in a fire that took her home: that all of this had been “harassment” rather than persecution.

My client had described the time she spent in a public psychiatric facility in California a couple of years after her arrival in the United States. As I contemplated the decision, I wondered where I would be able to suggest she go for support in dealing with this. The options were very few, and I was concerned as I rose to call her into my office.

She took the news calmly, shaking her head and saying “Como manda Dios.” Then, she turned to planning her appeal, and what to do for her daughters.

The primary motivation for this study arose from my experiences providing social services to immigrants and asylum seekers in the Austin, Texas area. Shortly

after my own return migration to the United States, following 15 years living abroad, I began to work as the lead teacher in a Family Literacy project centered in the overwhelmingly Latino and immigrant neighborhood of Montopolis. In this capacity, I was surprised to find compelling evidence of strong differentiation between the many Mexican immigrant families involved in the program, and the *Tejano* families also availing themselves of these services after, in many cases, numerous generations of permanence in the area. Indeed, more than one student commented that their family “never immigrated, the border moved over us.”

After leaving that position, I began to work as coordinator of legal services to Central American asylum seekers in Central Texas with another local non-profit agency. In that capacity I worked closely with Guatemalans and Salvadorans attempting to convince the Immigration and Naturalization Service of the validity of their claims to asylum after periods ranging up to 14 years of uncertain residence in the United States.

The director of that project would often joke that she hired me because only a ‘psychologist’ could get the stories straight, and help prepare the clients for their interviews with immigration officers adequately. The more cases I handled, the more I felt she was probably right. Clients who had been shot, or had children abducted (disappeared) and houses burned found it difficult to tell the story in the linear fashion prized by the INS agents I worked with in the Houston Asylum Office. Clients would often tell the story in separate, discrete pieces to different volunteer attorneys working for the agency, creating a paper history of apparent inconsistency and frustration.

In my experience with both these agencies, I tried to find and provide appropriate referrals to mental health services for the clients most in distress, and apparently willing to pursue help. These attempts were almost invariably futile and always frustrating.

There was also a deeper question developing within. Why, I wondered, did so many of my clients – with equally painful and horrifying personal histories – seem to live life with aplomb, and no apparent need for mental health services. What distinguished them from those who were unable to make the transition to life in the new environment? Indeed, why did these clients seem satisfied with their lives, despite tragic events, poverty and confrontations with racist attitudes from other residents of the area?

More prosaically, but in a sense more urgently, I also wondered why there seemed to be no system of mental health services available which could meet the needs of the immigrant and asylum seeker communities. As I progressed through the graduate program at the University of Texas, I began to realize that I was developing the contacts and knowledge that could be combined with my earlier experiences to make the creation of a clinic to provide those services possible.

This work brought me into contact with yet another community of immigrants: refugees. In one sense it was apparent that this was a “privileged” group when compared with asylum seekers and immigrants. Refugees received concentrated services through non-profit resettlement agencies funded, largely, by the Office of Refugee Resettlement – an internal division of the Department of State. These

services include health care, through eligibility for Medicare, English as a Second Language classes, housing and job placement assistance and a pitifully meager stipend. The catch here, though, is that by and large these services come to an end after the first five months of residence in the United States. Although theoretically eligible for mental health services, prior to the opening of the Sunrise Center, there was almost nothing available to meet the needs of this group.

I became curious about the reasoning behind this limitation of services. Of particular interest was the timing – a termination after five months. Particularly from the point of view of psychological adjustment, it seemed that this time period was at best arbitrary, and more likely problematic, since the psychological literature dedicated to refugees was clear in outlining a sort of delayed manifestation of distress. Although the precise timing of this was controversial, the most likely time for refugees to reach the nadir in terms of emotional and mental well being was consistently placed outside this 5-month time frame.

As is clear from the vignette at the beginning, I had already developed an appreciation for the potential for immigrants to be survivors of dramatic, traumatic circumstances. When the first two clients I worked with at the Sunrise Center turned out to be torture survivors, my focus on the interplay of trauma and well being was sharpened.

This, then, is the personal context that gave rise to this study. It is my hope that the findings presented here will help those with the potential to influence the design of services to refugees, asylum seekers and other immigrant groups to consider

the factors of trauma and acculturation in the design of programs aimed at improving the chances of these newcomers to pursue their happiness in our society.

In addition to the members of my committee, Laura Lein, Frank Richardson, Chris McCarthy, and in particular Stephanie Rude and Ricardo Ainslie, I would like to extend special thanks to Adriana Garcia Bowen for her support and assistance throughout the process of developing and producing this work. I would also like to thank her for helping with the laborious translation process. Stephanie Lain and Elisabeth Joffrain also provided invaluable assistance with translation. Jerome Cox, Anne Harrell, Elaine Quinn, Elizabeth Sylvester and Sam Householder all provided indispensable assistance in identifying participants, for which I am profoundly grateful. Jeffrey Swan and Grace Chen provided much support in times of doubt and despair. William and Giovanna Bowen provided laughs, hugs and diversion when that was exactly what was required. Thanks are also due to Suki Steinhauser and Nidia Salamanca, who facilitated the opportunity and privilege of working with many refugees and immigrants while beginning my studies at the University of Texas. I also want to thank Alicia Garcés for the generous gift of her time and wisdom. Of course all the errors of fact, preparation and judgment are mine alone, but without these extraordinary individuals I would not have been able to complete this project.

Satisfaction With Life of Refugees and Immigrants

Publication No. _____

Neal Anthony Bowen, Ph.D.
The University of Texas at Austin, 2002

Supervisors: Stephanie Rude and Ricardo Ainslie

The relationship between satisfaction with life (SWL), acculturation attitudes and distress generated by trauma was explored in a regression study of a community sample of refugees and immigrants living in Central Texas. A total of 71 participants came from 9 different countries, with the immigrant group ($N = 36$) coming from Mexico and the refugees ($N = 35$) predominantly from Cuba and Vietnam. Most participants were female (77%) and married (75%), with an age range of 18 to 73. Immigrant participants had completed fewer years of formal education than the refugees, and were in general younger. Most participants completed a back-translated Spanish version of the measures. The Satisfaction With Life Scale was used, while the Los Angeles Symptom Checklist provided a measure of distress generated by trauma. Acculturation attitudes were examined with the Stephenson Multigroup Acculturation Scale, which provides orthogonal measures of orientation towards the ethnic group of origin and towards the dominant, Anglo society in the United States. There were no significant differences between the refugee and immigrant samples on

these measures. Distress related to trauma was a significant negative predictor of SWL for refugees ($\beta = -.57, p = .001$), but not for the immigrant sample. Similarly, orientation towards the dominant society was a significant positive predictor of SWL for refugees ($\beta = .41, p = .009$) but not for immigrants. A cross sectional analysis was performed to determine how the variables were related to length of time in the US. While a lack of statistical power precluded the use of ANOVA, means comparisons indicate a curvilinear relationship between time and the attitude towards Anglo society among the immigrant sample. Those present 2 to 5 years were less immersed than either those more recently arrived or those who have been here longer. This middle group also reported more psychological distress. Among refugees the direction of the curvilinear relationship was contrary. Implications for the organization of social services to immigrants are discussed.

Table of Contents

CHAPTER 1: Refugees and immigrants	1
A Brief Overview	3
Migration	5
Refugees	7
The Concentration of Refugees	9
Refugees in the United States	11
Immigrants in the United States	12
The Stress of Migration	17
Summary	20
CHAPTER 2: A Review of the literature	21
Acculturation	21
Trauma	29
Satisfaction with Life	35
The path of satisfaction across time	38
CHAPTER 3: Methods	42
Participants	43
Materials	47
Research questions	51
CHAPTER 4: Data analyses and results	55
Overview	55
Does distress related to trauma predict SWL	58
Does acculturation attitude predict SWL	60
Does SWL vary as a function of time in the US?	60
Is there a predictable pattern of adjustment post migration?	61

CHAPTER 5: Discussion	64
Trauma and the stability of satisfaction with life	64
Acculturation and satisfaction with life	68
Is there a predictable pattern of adjustment?	72
Implications for services	76
Limitations of this study	81
Future directions of research	84
Appendix A: Consent Forms	87
Appendix B: Measures	89
References	95
Vita	107

Chapter 1

Refugees and Immigrants

To go into exile is to lose your place in the world.

Jean-Paul Sartre

Imagine you have an hour to gather what you can - family, possessions, documents, money, whatever is important to you – before taking to your heels to flee for your life. What would you bring? What would you leave behind? What part of yourself would be left among the scattered possessions of your life?

This task, of hurriedly gathering the necessities and tokens of your life, and then fleeing is a far more common one than most of us realize. More than we can comfortably keep in our mind. Estimates of the number of people who will be forced to flee their homes because of organized violence indicate that as many as 1% of the people alive today have been displaced from their home due to organized violence (Summerfield, 1996, cited in Porter & Haslam, 2001).

Refugees, of course, are only a part of the international migratory stream. We are living in an epoch of enormous voluntary movement, on a truly global scale. The decade of the 1990s has been characterized as the ‘fourth great wave of immigration’ in the United States, with nearly 10% of the population reported to be foreign born in 1997 (Brettell & Hollifield, 2000). In many European countries the situation is similar. For example, fully 16% of the Swiss population in the late 1990s was foreign born, and over 8% of the residents of Germany (Brettell & Hollifield, 2000b).

It is to be expected, then, that such massive movement would be a subject of academic study across many disciplines. Indeed, the literature available on the theme is extensive. Within the field of sociology, immigration has been a dominant theme for many years. Similarly, anthropologists, political scientists and even historians have devoted enormous amounts of attention to the phenomenon. The study of the impact of migration on the individual has also been widely conducted by psychologists. However, it is notable that a distinguished, interdisciplinary review of migration theory includes no reference to psychology's contribution to the understanding of human movement (Brettell & Hollifield, 2000a).

Within psychology, the primary emphasis on developing an understanding of migration has fallen within the purview of Social Psychology. Attention to migration within clinical disciplines has largely been driven by pragmatic requirements to respond adequately to the dynamics presented within the parameters of providing effective psychological services to immigrant patients (e.g. Grinberg & Grinberg, 1989). Thus, much of the literature produced is, if you will, intra-disciplinary. That is, the focus of the work is on developing adequate frameworks and ethical understandings of the influence of migration on the types of distress that bring immigrants into clinics, hospitals and private offices.

Without a doubt, this is essential work. It provides a foundation for an appropriate extension of the insights garnered from clinical work into the larger, social policy arena, as well as across disciplines in the social sciences.

A Brief Overview

The basic design of the present study is exploratory, guided by a desire to increase our understanding of the contributions of a personal history of traumatic events, either witnessed or experienced first hand, and of acculturation attitudes to satisfaction with life of refugees and immigrants. Obviously these three constructs are not alone responsible for the eventual outcomes of migration on a personal or societal level. However, there are indications in the literature that they may well be significant factors. Crucially, they may also be amenable to clinical interventions.

Of course, a history of exposure to trauma cannot be changed by any type of intervention, but the construct being measured, or the object of a clinical intervention, is not experience, but distress generated by such experience. The literature on posttraumatic stress disorder is clear in indicating that, while a serious disorder, Posttraumatic Stress Disorder (PTSD) is responsive to appropriate treatment.

Further, an acculturation attitude adopted by a given immigrant does not determine the acculturation strategy that will be enacted as that individual attempts to accommodate to life in a new cultural environment. Rather, the attitude held by the migrant will interact with other factors, including the acculturative space provided to immigrants by the host culture, to determine a strategy for acculturation.

It seems apparent that proximal contact between immigrant and host community will have the most direct influence on the development of a successful acculturation strategy. This means that the actions and attitudes of the organizations providing resettlement services can be expected to have some impact on the

adjustment of immigrants, for better or for worse. Such actions and attitudes are also available for intervention, in the sense that they can be modified through organized interventions from mental health and other professionals, or even through legislation prohibiting, for example, discriminatory practices.

Thus, two of the principal variables elected for the present study, acculturation attitude and distress resulting from exposure to trauma, are chosen precisely because they are points, within a complex system of adjustment, which are susceptible to intervention. The third variable, satisfaction with life, is viewed in much of the social psychology literature as being a largely stable trait. However, this is a controversial point, particularly when one considers the kinds of dramatic changes entailed with migration, whether forced or voluntary.

As an outcome variable, satisfaction is attractive because it allows for a global, subjective evaluation of the degree to which one's life has been gratifying. Thus, it can be considered as a kind of meta-measurement, subsuming the various areas of life that are frequently identified as measures of the quality of one's life. Such areas include health, living circumstances, employment, social connections, family environment, nutrition and so forth.

One aspect of the construct of satisfaction with life that remains unclear is the interaction of experience and expressed satisfaction. It would seem intuitive that for those confronting the challenges of migration, the acculturation attitude they bring to the task would have an impact on such satisfaction. Further, it would also seem intuitive that if one were suffering distress as a result of a traumatic experience, their

satisfaction with life would be negatively affected. As intuitive as these assertions may be, they are not widely supported by the available psychological literature on the topic.

Thus, the study presented here is an exploration of the contribution of distress generated by trauma and acculturation attitudes to reported satisfaction with life among refugees and immigrants. On the one hand, these findings enter into the conversations among psychological researchers about satisfaction with life and acculturation, as well as the sequelae of trauma. On the other hand, it is hoped that the results might contribute to the considerations of those who design and implement services to these increasingly significant segments of our society. For the well being of our society as a whole surely depends on the successful adaptation of newcomers to life here.

Migration

The refugee experience is certainly a special case of migration, distinct from others on at least two significant levels. First there is the issue of how the decision to emigrate was made. Most migrants opt to leave for some attraction in the new society - the "pull" motivation - in which the emigrant is impelled to move by the promise of some improvement in their situation. The refugee, on the other hand, is the virtual embodiment of the other category of motivation identified in most models of migration - push factors that make continued residence in the society of origin untenable (Kunz, 1973, 1981). In fact, one participant in this study, describing her

route from Bosnia to Germany to the United States, observed that “there was no pull at all, it was just push, push, push” (personal communication June 12, 2001).

However, doubts about this dichotomous classification of ‘push/pull’ terminology are increasingly being expressed. For example, Martín-Baró (1989) noted, in his study of political violence in El Salvador published shortly before he himself was assassinated, that when the source of conflict is exquisitely economic, distinguishing economic migrants – apparently motivated by pull factors - from political refugees becomes essentially futile. Martín-Baró was referring to his observation that, regardless of their actual attitudes towards the Civil War, activists working for a more equitable distribution of resources in the country were viewed by the armed forces of the country as “subversives” and so legitimate targets of military action.

However, one result of the war itself was the destruction of the physical infrastructure of the country, making economic sustenance problematic for large numbers of Salvadorans. Many then found themselves confronted with a decision as to whether to migrate in search of the means to support their families or stay at home facing the extreme uncertainties of the Civil War (Zwi & Ugalde, 1989). The classification of such people as ‘economic migrants’ would seem to be highly questionable.

Rumbaut (1991) provides support for this assertion with his study of Indochinese refugees in San Diego. He noted that data obtained in structured interviews with 500 respondents allowed him to identify both political and economic

motives for flight. "Often both types of reasons were cited by the same respondent, making the usual distinction between refugees and non-refugees overly simplistic and misleading" (p 65).

Refugees

Although intuitively most of us would classify all of those obliged to leave home as a result of organized conflict as refugees, legally this is not the case. In fact, few of these people will ever obtain recognition as refugees, and thus access to those services provided to refugees by the international community.

The formal definition of refugee, adopted by the United Nations Convention on Refugees (the Geneva Convention) in 1951 is a person "who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or, owing to such fear (...) is unwilling to avail himself of the protection of that country" (Markley, 1990).

However, few social scientists restrict themselves to the legal definition of refugee. In fact, the International Encyclopedia of the Social Sciences (Sills, 1968, cited in Loue, 1998) defines a refugee as an "involuntary migrant, a victim of politics, war or natural catastrophe (...) A refugee movement results when the tensions leading to migration are so acute that what at first seemed to be a voluntary movement becomes virtually compulsory."

The numbers of refugees are controversial, but staggering. The United Nations High Commissioner for Refugees (UNHCR) reports that there were 22.3 million

“people of concern’ in the UNHCR system as of December 31, 1999 (UNHCR, 2000a). This number includes nearly 4 million internally displaced people. It should be remembered, however, that this represents less than 20% of those who are displaced, since most of the displaced are ineligible for UNHCR assistance. For example, the estimated 3.6 million Palestinian refugees, primarily concentrated in Jordan and Lebanon, are not a part of the UNHCR system, since there is another specific UN agency (the United Nations Relief and Works Agency) which has responsibility for responding to their needs (UNHCR, 2000).

Although outside the scope of this study, it should also be noted that there are probably equal numbers of people being uprooted by development - including dam building, salinization of the soil and desertification. These people, proposed to be called environmental refugees (El-Hinnawi, 1993, cited in Swain, 1996), typically become displaced within their country, and are not afforded the same attention as refugees or others displaced by violence. It is not clear, however, that they do not suffer from similar stressors. The population pressures generated by this reality, in addition to the environmental catastrophes attendant to them, are likely to contribute to further armed conflict, leading to even more refugees (Myers, 1997).

Further, another group beyond the scope of the current study should also be mentioned. The displaced are in every sense of the word refugees, with the exception of having crossed an international border in their flight. The number of the displaced are typically estimated to be equal to the number of formally recognized refugees – or about 20 million (Marsella, Bornemann, Ekblad, & Orley, 1998).

The concentration of refugees

While it is true that the United States harbors large numbers of refugees, the predominant burden of providing refuge falls on countries in the areas of conflict. More than 70% of the refugees in the UNHCR system at the end of 1999 were residing in either Asia or Africa, while 4.38% were in the US. In fact, with 513,000 refugees being sheltered as of December 31, 1999 – the United States ranked only 5th world wide in terms of absolute numbers, with fewer than a third the number given protection by Iran, with 1,835,700 (UNHCR, 2000).

In terms of per capita hospitality, the United States is not even in the top 40 countries with fewer than 4 refugees per 1,000 inhabitants. Armenia hosts the largest proportion of refugees with 84.2 per 1,000. Table 1-1 lists the 10 countries with the highest per capita refugee population, according to the UNHCR (2000).

Table 1-1

Refugee concentrations in country of Asylum – ranked by density

Country of Asylum	Refugees per 1,000 inhabitants
1. Armenia	84.2
2. Guinea	67.5
3. Yugoslavia	47.1
4. Djibouti	36.5
5. Liberia	32.7
6. Azerbaijan	28.7
7. Iran	27.1
8. Zambia	22.5
9. Tanzania	18.6
10. Sweden	17.5

As of December 31, 1999. Source, UNHCR, 2000

Where do refugees come from?

The largest portion of refugees under the tutelage of the UNHCR has fled Afghanistan – and it should be noted that this was the case prior to the US invasion of late 2001. At the beginning of this century, there were over 2.5 million Afghans classified as refugees worldwide. About 95% of the Afghan refugees are resident in either Iran or Pakistan.

Iraq has produced the second largest number of refugees, with 639,000 of its citizens under the protection of the UNHCR. Iran also hosts 80% of Iraqi refugees. Similarly, the vast majority of the refugees from Burundi are housed in Tanzania, a country bordering the area of conflict. In fact, the vast majority of refugees remain in countries contiguous to their own. Table 1-2 lists the countries that have produced the largest numbers of refugees.

Table 1-2

Countries producing the largest numbers of refugees in the UNHCR system

Country	Number of refugees	Primary country of refuge
1. Afghanistan	2,562,000	Iran
2. Iraq	572,100	Iran
3. Burundi	524,400	Tanzania
4. Sierra Leone	487,200	Guinea
5. Sudan	467,700	Uganda
6. Somalia	451,500	Ethiopia
7. Bosnia/Herzegovina	382,900	Yugoslavia
8. Angola	350,700	Zambia
9. Eritrea	345,600	Sudan
10. Croatia	340,300	Yugoslavia

As of December 31,1999 (UNHCR, 2001)

Refugees in the United States

Historically virtually all refugees admitted to the United States were in flight from countries considered part of the Communist bloc, even following legislation passed in 1980 designed to remove ideology from decisions regarding protection of endangered people (Markley, 1990). In recent years more balance has been shown and fairly large numbers of Africans were admitted in the 1990s.

The United States engages in extensive pre-migration screening of refugees already under the protection of the UNHCR. Such screening includes attempts to identify and eliminate from the refugee stream those individuals who are suffering from physical or psychological illnesses that may predict their becoming a liability to the state. In addition, attention is given to the possibility they have of obtaining significant support from family or others already present in the US.

For those who pass through this initial screening, the subsequent steps are frequently seen as cumbersome and confusing. Resettlement is actually accomplished through a number of voluntary agencies with numerous local affiliates scattered across the country, working under contracts with the Office of Refugee Resettlement (ORR), a section of the Department of State. The criteria for placement within the United States depend in part on the capability of these local affiliates to absorb a given number of refugee families in a particular time frame. However, it is also shaped by a conscious policy of ‘broadcasting’ of refugees of any given nationality across the nation (Westermeyer, 1989).

This policy can result in fairly small numbers of a given population being resettled in a particular area. The implications of this for the provision of culturally and linguistically competent social services are complex, but have been described by the psychiatrist Joseph Westermeyer as “designed to produce PTSD” (1989). One frequently observed response to this policy is secondary migration within the United States occurring once the formal services provided by the VOLAG ends, normally in an effort to join a larger community of co-nationals.

Another complication for the adjustment of the refugee can be the awareness of very uneven levels of service provided by different VOLAGS operating in a particular area. For example, in Austin, TX, one refugee complained bitterly about being provided a run down apartment with poor access to public transport, while another refugee placed in a contiguous apartment complex was provided a used Volvo at no cost. The difference in accommodations offered the two, co-nationals who had arrived within two weeks of one another, was dictated by the resources available to the different VOLAGs that had resettled the two (personal communication of two participants in the present study, August 12, 2001 and September 13, 2001).

Immigrants to the United States

Of course, refugees represent only a minority of the migrants currently in some phase of displacement. Countless other residents of zones of conflict or disaster manage some level of planning and preparation for their passage across cultural, economic, ecological or political boundaries. Such migrants are often bereft of the

protections of the 1951 convention. They may be regarded simply as ‘immigrants’ or pejoratively as “economic migrants.”

Here, too, the numbers involved are quite surprising. The movement of people across the globe is, of course, multidirectional, but indisputably the Western countries of the Northern Hemisphere are frequent destinations for migrants from around the world. In fact, the current percentage of foreign-born residents of the United States is the highest in over 100 years, with numerous immigrants arriving throughout the decade of the 1990s. Many of them came from Mexico, which has long been the largest source of foreign residents in this country (Gonzalez Baker, Bean, Escobar Latapi, & Weintraub, 1998).

Immigrants are often the object of heated political debates within the host countries. Nations find themselves caught between concerns with maintaining or improving the standards of life for their own citizens and the humanitarian obligation of providing relief to civilian victims of conflicts or other types of disasters. Whether such relief in fact represents a drain on a country’s resources is an unresolved question (Beiser, 1990).

The United States went through a period of radical revision of its treatment of uninvited immigrants – whether economic immigrants or asylum seekers – in the mid 1990s. This culminated in legislation passed by Congress in 1996 – the “Illegal Immigration Reform and Individual Responsibility Act” (IIRIRA) - which stigmatized those who arrive on the shores of this country with neither readily apparent financial resources nor a clear immigration status (Waddell, 1998). The

framing of this legislation arose in a political climate of fear of radical demographic change. For example, the American Immigration Control Foundation published works ‘warning’ that continued unrestricted immigration would result in the “cultural dispossession” and “political subjugation” of whites (Nelson, 1994, cited in Waddell, 1998).

Currently, the European Union is embroiled in a similar controversy, with some member states advocating draconian measures of control and punishment of those who arrive without an immediately clear residency status. Proposals include incarceration, denial of access to social and health services and denial of right to work authorization, even during extended periods in which the immigrant is awaiting a resolution of an asylum claim – all measures which have been implemented in the United States during the 1990s (Capdevila, 2002).

Mexican Immigration

It should be noted that the restrictions embodied in the 1996 legislation, while extreme, are not unique in the history of immigration legislation. In fact, the establishment of national legislation to regulate immigration has long been tinged by racist considerations, dating from the Chinese Exclusion Act of 1882. This legislation, provided with such a transparent title, remained in force until 1943. In fact, a decision of the Supreme Court, handed down in 1889, finding the Act constitutional remains un-reversed to this day (Waddell, 1998).

However, more recent legislation has been constructed with a wary eye cast on Mexican immigration. One observer noted that the 1996 legislation could well be

dubbed the “Mexican Exclusion Act” (Hagan, 1998). Ironically, in the decade immediately following the destruction of the Berlin Wall, the United States engaged in a concerted effort to build walls and fences along some of the more porous areas of the border with Mexico (Andreas, 1998).

Gloria Anzaldúa (1999) describes the US – Mexico border as “*una herida abierta* (an open wound) where the Third World grates against the first and bleeds.” Her work describes the conditions of life for those who live in the physically and culturally complex environment of the border. However, the image of the Third World bleeding on the sharp edge of the First is appropriate when considering the passage of those who cross through the borderland on their way to the heartland. The conditions of political and social tension described by Anzaldúa must certainly have an impact on the acculturation process of Mexican immigrants to the United States. Open and covert conflict over vital public spaces, employment and the use of common resources create restrictions on the acculturation strategies available to Mexican immigrants. This occurs both as a result of the implicit strategies adopted by the host, Anglo-dominated, society and those adopted by the larger Mexican immigrant community. Both create and maintain limitations about appropriate goals, relationships and physical locations that may define the life space of an immigrant. (See also the discussion of acculturation in Chapter 2.)

It is important to note that the presence of Mexicans in the southwest of the United States is not related solely to a migratory process. As Anzaldúa (1999) comments, the traditional homeland identified by many Mexican-Americans is Aztlán

– that is the Southwest of the United States. Indeed, the Anglicization of Texas began with concerted, illegal immigration from the United States into Mexico.

However, the growth in the presence of Mexican nationals and ethnic Mexican over the last 30 years must be noted. The total numbers present in the US grew from about 5 million in 1970 to nearly 20 million in 2000, according to the US Census. This rise has fueled a similarly explosive growth in the availability of Spanish language, largely Mexican dominated media. Beyond the Spanish television networks, local radio markets, including in the Austin area, are increasingly characterized by the substantial presence of Spanish language programming.

The importance of the concept of Aztlán within the context of this study is defined by the acculturation options that are available to Mexican immigrants as a result of this well-radicated presence. Gutiérrez (1998) describes a “parallel ‘Mexican’ sociocultural world within the political boundaries of the United States.” One obvious implication of this is the potential to eschew any attempt to acculturate to the Anglo society, since it might reasonably be assumed that the opportunities for self realization, economic stability and cultural enrichment can be found within this ‘parallel’ world.

Further, this opportunity to avoid the questions posited by Berry as defining the acculturation attitudes and strategies available to migrants is afforded by the existence of a transnational circuit (Gutiérrez, 1998). This term refers to a cultural pattern of spatially extended relationships maintained between communities on either side of the international border by the circulation of individuals, economic resources

and cultural stimuli. Arguably, life within this circuit is not meaningfully located, psychologically, within the context of Anglo society in Texas.

The Stress of Migration

The specifics of refugee status indicate a particular vulnerability to psychological duress. The literature on migration is clear in noting that movement between cultures is a source of risk for psychological difficulty in any case (e.g. Ainslie, 1998; Furnham and Bochner, 1986). However, refugees, frequently characterized by a history of exposure to trauma, suspended between a frightening past and an uncertain future (Kunz, 1973), and with little control over their destiny are particularly at risk (Rumbaut, 1991; Rousseau, Drapeau, & Corbin 1997).

Rumbaut (1991) reports that there is a strong relationship between the quality of pre- and peri-migration experiences and psychological distress after resettlement. Among the predictors of relatively high levels of distress were separation from and loss of family members, longer periods spent in refugee camps, and coming from a rural environment in the country of origin. This last factor, however, conflates with education and the construct of cultural distance from the country of resettlement, raising the question of whether it is a rural orientation in and of itself, or some combination of other factors cited above that contributed most to the reported duress.

However, Montgomery (1996) notes that refugees resettled in rural areas of Alberta, Canada, were happier than those in urban areas. Rumbaut's sample was largely one taken from refugees resettled in an urban environment.

Montgomery (1996) also reports that trauma *en route* to refuge was predictive of relatively poor adjustment in the resettlement country. This is a particularly troubling finding, given the frequent preying on refugees reported elsewhere in the literature (e.g. Rumbaut, 1991). Similarly, Rousseau, Drapeau, & Corbin (1997), in their study of school-aged Central American and Southeast Asian refugees in Canada, found that pre-migration trauma and separation was predictive of higher levels of family conflict and parental depression.

While reporting that sex was not a significant predictor of adaptation, Montgomery (1996), in a study of Vietnamese refugees, notes that young women tended to learn English and adopt western customs more rapidly than men. He implies this difference is related to the higher levels of loneliness reported by men in his sample. This is in contrast to Rumbaut's report (1991) that women in his study were more likely to be isolated. It is possible that these contrasting findings are due to differences in sociocultural status prior to flight. Rumbaut's California sample of Vietnamese refugees reflected the admission of a first wave of professional and managerial men, accompanied by their families, who had collaborated with the U.S. or South Vietnamese government during the war. Montgomery's Canadian sample, on the other hand, reflects the more recent waves composed of those who had the experience of being "boat people" and internment in refugee camps prior to resettlement.

Berry (1991) also commented that the phase of flight is frequently traumatic in and of itself. He notes that one aspect of this is a period of elation upon arrival in

the country of first asylum, followed by anxiety, fear and resentment as the uncertainty attendant to their situation in camps becomes clear. Tyhurst (1980, as cited in Berry, 1991) refers to this as "delayed psychological entry." Horenczyk (1996) also makes reference to this phenomenon, describing it as a distinction between the "migration of bodies" and the "migration of selves."

It is possible that this effect helps account for a discrepancy in the literature between those who report that migration typically results in a period of euphoria followed by crisis (e.g. Sluzki, 1979), and those researchers who report finding no evidence of this (e.g. Pernice & Brook, 1996). While part of the explanation may reside in different characteristics of the refugee groups or society of settlement, this discrepancy remains unresolved. The present study is designed, in part, to make a contribution to this controversy.

Berry's (1991) plea for primary prevention of the trauma of flight reflects the politically determined nature of this system of dealing with the need for ensuring the safety of refugees. Hyndman (1997) observes that refugees represent - by their very existence - a crisis for the nation-state system, since they are the embodiment of the failure of the state structure to fulfill one of its principal purposes - the protection of its citizens. One response of nation-states is the creation of selectively permeable national boundaries, facilitating the free flow of currency and international aid (goods and workers), but severely restricting that of refugees.

Cornelius (1998) makes a similar point in noting that Mexican immigration is at once criminalized at the individual level, while it is also an embedded, structural

aspect of the economic relationship between the United States and Mexico. This criminalization of migration makes Mexican migrants arguably more similar to refugees than other immigrant groups in the U.S., at least in terms of their exposure to uncertainty and danger in the peri-migration phase.

Porter & Haslam (2001) report meta-analytic findings that support the assertion that flight itself may be traumatic. While examining 12 studies which met their criteria, they found that the displaced were significantly more disturbed, even at equivalent levels of exposure to traumatic events.

Summary

This chapter provides an overview of the social and theoretical contexts for the present study. In addition to a concise outline of the study proposed, a brief discussion of the distribution of refugees, internationally and within the United States, is presented. The particular challenges presented by the migration experience are also explored, with particular attention to the dynamics of Mexican immigration and to the psychological difficulties associated with movement across cultural and political borders.

Chapter 2

A Review of the Literature

*They were all trying hard to be Americans,
you know, not knowing what to keep and what to leave behind.*

James McBride, The Color of Water

Acculturation

Acculturation is a term that was first introduced by the anthropologists Redfield, Litton and Herskovitz (1936, as cited in Berry, 1991) to describe the mutual process of influence and exchange resulting from the interaction of two culturally distinct groups. Thus, it describes a process of change as a group level phenomenon. However, it has more recently been widely applied to the individual level responses to cross-cultural contact (e.g. Doná & Berry, 1994, Horenczyk, 1996, Smart & Smart, 1995b). Corsini (1987, as cited in Smart & Smart, 1995a) proposed a definition more adequate to the case of the individual: “(a)cculturation is a process whereby individuals learn about the rules for behavior characteristic of a certain group of people.”

One of the most influential theorists of acculturation over the last 20 years has been John Berry, a Canadian Social Psychologist. Berry (1997) has proposed a model of acculturation which posits that an individual thrust into contact with a culturally dissimilar group will elaborate an attitude towards acculturation resting on the responses he or she develops to two fundamental questions. First, “is it considered to

be of value to maintain one's identity and characteristics?" and second, "is it considered of value to maintain relationships with the larger society?" (Berry, 1997).

Implicit in the theory is that the responses one provides to these questions will lead to the adoption of an acculturation attitude. That is, a cognitive predisposition towards the task of learning the rules governing interaction with the other cultural group(s) with which one is interacting¹.

By conceiving of the potential responses as dichotomous, Berry identifies 4 basic acculturation attitudes: integration, assimilation, marginalization and separation or segregation. However, it is clear that the simple adoption of an attitude towards acculturation does not translate directly into behavior, since the individual is not operating in isolation (e.g. Piontkowski, Florak, Hoelker & Obdržálek, 2000).

At least two other significant factors are expected to influence the operationalization of the individual's acculturation attitude. These factors are related to the individual's attempt to understand and evaluate the expectations of her or his behavior held by members of both their own group of cultural reference and by members of the other group to which the individual is developing an acculturation strategy.

¹ It is important to note that emigration is only one of the events in a person's life that will create a need to employ acculturation strategies. Examples of other situations include invasion (such as with Native Americans forced to acculturate to the presence of European settlers) and the entry into an integrated workforce of someone who has lived in a culturally encapsulated social group.

This precision of language is obligatory given the situation of mutual exchange between two groups. Piontkowski, et al. (2000), observe that, although most of the literature on acculturation is focused on the processes and attitudes of a non-dominant group, acculturation theory has been clear, from the time of Redfield, that this is a mutual process. Thus, it is clear that one implication of the theory is that the

Figure 2-1

	Is it of value to maintain one's identity and ethnic characteristics?	
	YES	NO
Is it of value to maintain relationships with the larger society?	Integration	Assimilation
	Marginalization	Separation/ Segregation

Figure 3-1. Representation, based on Berry (1997), of the acculturation attitudes resulting from the responses one gives to the essential acculturation questions posited by Berry.

enactment of a strategy for acculturation will be strongly influenced by the interaction of the individual's attitude, the acculturative space available to that individual as a result of the strategies enacted by the other group, and the space similarly permitted by members of the individual's group of origin or reference.

It is helpful to review the four categories of acculturative attitudes (see Figure 2-1) identified by Berry's model (1997). Briefly, *integration* is the attitude resulting from a valuing of both maintenance of identity and characteristics from the individual's cultural group and maintenance of significant relationships with the "larger society." *Assimilation* is the attitude resulting from valuing the adoption of standards of the larger society, with an attendant "shedding" of characteristics of the society of provenience. *Marginalization* results from a simultaneous desire to reject an established identity and characteristics and a reluctance to maintain relations with the larger society. *Separation* and *segregation* both result from maintenance of an extant identity and rejection of the larger society. The distinction lies in the idea that separation implies choice, while segregation results from the refusal of the larger society to permit members of another group to develop significant relationships across cultural groups.

Piontkowski, Florak, Hoelker & Obdrzálek (2000) provide a useful review of these concepts from the point of view of a dominant society. From this perspective *integration* is the acculturation attitude reflecting both an acceptance of non-dominant

groups maintaining their distinctive identities and of their becoming an integral part of the society through the development of relationships across groups. *Assimilation*, however, would imply that members of the non-dominant group are welcome to develop significant relationships with the dominant group, but not to maintain a distinctive cultural identity. *Separation* is an attitude accepting of maintenance of cultural distinctions, but rejecting significant interaction across groups. *Marginalization* would result from a simultaneous rejection of the maintenance of a specific cultural identity and of the cultivation of meaningful relationships across groups.

Thus, the actual acculturation strategy employed by the individual results from the interaction of personal attitudes, opportunities afforded one by the group to which one does not apparently belong, and the similar spaces regarded as acceptable by one's own group. For example, although an individual may adopt an attitude of integration, if the dominant group refuses inclusion, the strategy will necessarily become segregation. Further, if the individual pursuit of contact with a dominant group results in alienation from his or her group of reference, the result could be marginalization.

The interactions among these factors led Berry (1997) to propose a framework for research that provides guidance in studies of acculturation. In this framework, Berry suggests that some understanding of group and individual level variables must be present if adjustment is to be explained. He further suggests there must be an

exploration of factors shaping both the cultural groups with which the individual is engaged. Finally, moderating factors pre- and post-migration must also be studied.

Searle and Ward (1990) also make a useful distinction in pointing out the different traditions in acculturation research which explore variously a psychological dimension of adjustment (e.g. feelings of well-being or satisfaction) or sociocultural factors (such as the ability to 'fit in' and function). They identify three frameworks, styled "clinical perspectives, social learning models and social cognition approaches" (p. 450). It is a strength of Berry's framework (1997) that he attempts to reconcile these various perspectives.

Berry's framework has of course attracted well-founded criticism. The framework is an impressive act of synthesis, but, as Schönplflug (1997) and Triandis (1997) point out, it is effectively too complex to be tested in any case. Thus, rather than apply it as a template, a more appropriate approach may be to employ it as a scaffold in the construction of studies of the many facets of acculturation.

Of particular interest in the present study are the admonishments of Lazarus (1997) that the Berry framework inadequately incorporates attention to individual differences, particularly of stress and coping styles and resources. Lazarus notes a preference for the terms of dislocation and relocation because, in his mind, they are not freighted with assumptions about group level responses, but rather reflect the fact of movement, allowing space for individuals to work out the meaning they will assign to their experience. Clearly, and as Lazarus acknowledges, there is a difference in

orientation here. Lazarus conceives of acculturation as a special case of coping.

Berry, on the other hand, seems to adopt an attitude that the direct impact of culture in such a stressful transition merits consideration in and of itself, rather than as a particular kind of individual differences *across* cultural groups.

Horenczyk (1997) makes two important points about acculturation in his comment on Berry (1997). First, while the Berry model seems to predict an ineluctable process of acculturation to the dominant society, the reality of resettlement in a pluralist society is that the immigrant is actually faced with a more diverse set of realities, involving multiple cultural groups. This raises the possibility that, rather than a single acculturation strategy, the immigrant may enact *multiple* strategies, adjusted to the various social realities confronted.

Elsewhere he reports findings in support of multiple acculturation strategies (Horenczyk, 1996). Reporting on the acculturation attitudes of Russian immigrants to Israel, he noted that, *integration* was considered the most desirable strategy by immigrant and host alike. However, enactment resulted in a more complicated pattern, with areas of life in which a *separation* attitude was considered acceptable (e.g. in selection of marriage partners), while *assimilation* was preferred in such areas as celebration of holidays. This is consistent with findings this author has reported elsewhere (Bowen, 1999).

In addition, Horenczyk (1997) takes pains to emphasize the importance of the immigrant's perception of the host societies attitudes towards immigration as a

significant variable. Albeit alluded to in Berry's framework (1997), Horenczyk suggests it should have a more central role in the study of acculturation.

The importance of understanding not only the perceptions of the host society's acculturation attitudes, but also the strategies implemented by that society is reinforced by Smart and Smart (1995b). In their study of Hispanic immigration, they emphasize the impact of pervasive racism in the United States towards darker-skinned and relatively less educated migrants. The authors note that this is compounded by cultural misunderstanding of a different expression of family structure and values, and that this produces greater levels of stress. In particular they refer to the emphasis on emancipation from the family that dominates Anglo culture, but is alien to most Latino immigrants. Exposure to this more formal and impersonal society, they say, may undermine self-esteem and a sense of identity within a strongly defined community.

Since the strong connection to family typical of most Latino cultures may be perceived as negative by the dominant society, it is not difficult to understand why Latino immigrants may adopt a strategy of separation in order to maintain the integrity of this vital aspect of their life. Alternatively, the adoption of Anglo attitudes towards emancipation may expose Latinos to an acculturation strategy of marginalization, since it could easily result in estrangement from both Anglo and Latino societies. Misra (1992) makes a similar point with reference to Indian

immigrants to the United States, when she asks, "(w)hen does a behaviour become 'abnormal'? (...) is it abnormal for an 18 year old to move out and live alone?"

Sodowsky, Lai & Plake (1991), in a study of acculturation attitudes among Asian Americans and Hispanics in the United States, noted that *separation* may be an adaptive response for immigrants of the first generation after arrival. This strategy, they say, may help them deal with culture shock and prejudice, and reduce direct economic competition with the dominant society. However, they also report that *integration* "is probably a mentally healthy option for third-world immigrants in American pluralistic society."

In support of that observation, Liebkind (1996) reports that Vietnamese refugees resident in Finland reported better levels of self-esteem when they expressed both a relatively stronger orientation towards Finnish culture and adherence to traditional family values.

Trauma

The focus of the construct of trauma, within the parameters of this study, is restricted to the psychological implications of exposure to extreme stressors. While generally understood to signify simply "wound," here a definition proposed by Neufeldt (1988, cited in Gerrity, Keane & Tuma, 2001) will generally be applied. This definition says trauma is a "painful emotional experience, or shock, often producing a lasting psychic effect."

There is an obvious advantage to this definition, insofar as trauma is viewed as potentially an ongoing situation, in addition to a single, time-limited event previously required for a diagnosis of PTSD. What's more, the experience of emotion is necessarily subjective, thus obviating the need for an event objectively judged to be of sufficient severity to produce a traumatic reaction. However, the absence of a requirement that the individual experience a situation perceived as threatening to the life or physical integrity of the person differentiates this definition from a fundamental diagnostic requirement. Thus, trauma referenced herein should not be viewed as shorthand for PTSD.

Unfortunately, such experiences are ubiquitous in human experience. An exhaustive review of the literature on trauma, extending from "railway spine" (Erichsen, 1866, cited in Young, 2000) to current, proposed extensions of the formally codified posttraumatic stress disorder, such as proposals for a 'torture specific syndrome (Basoglu, Jaranson, Mollica & Kastrup, 2001) is beyond the scope of this study. But it should be noted that, despite nearly 20 years of intensive study of PTSD since the disorder first appeared in the Diagnostic and Statistical Manual of Mental Disorders (DSM – III) no widely agreed upon estimates of prevalence have been produced.

Part of the difficulty is related to the original Criterion A requirement for the disorder: exposure to a stressor considered sufficiently severe to be "outside the range of normal human experience." This specification was removed from later editions of

the DSM (American Psychiatric Association, 1994), because research showed that experiences provoking “intense fear, helplessness or horror” (American Psychiatric Association, 1994) are not in fact rare. For example, Norris (1992, cited in Hidalgo & Davidson, 2000) found lifetime exposure to such events occurred in 73.6% of her sample of adult males from the southeastern United States, and 64.8% of women.

However, it is important to note that forced migrants, such as refugees, the displaced and asylum seekers, are at particular risk for exposure to traumatic stimuli. For example, Steel and Silove (2000) report estimates of exposure in refugee populations that range from 85%, in a sample of Cambodians living in a refugee camp on the Thai border (Mollica, Donelan, Tor, Lavelle, Elias, Frankel & Blendon, 1993, cited in Steel & Silove, 2000), to 20% of Vietnamese refugees recently arrived in the United States (Hinton, Yung-Cheng, Nang, Tran, Lu, Miranda & Faust, 1993, cited in Steel & Silove, 2000).

It is important to point out the discrepancy in prevalence between exposure to traumatic experiences and the development of diagnosable posttraumatic stress disorder. Investigators of PTSD have noted that PTSD is not a normative response to traumatic events (e.g. Yehuda & McFarlane, 1995). For example, although the National Comorbidity Study (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995, cited in Keane & Foa, 2000) found that while 50% of women in the US have a lifetime exposure to a traumatic stressor², only 12% develop PTSD at any point in

² The discrepancy in prevalence rates reported by Keane, et al. (2000) and Norris (1992) is reflective of the uncertainty as to prevalence in the literature in general. Undoubtedly this is driven in part by

their life. For men the discrepancy is even more striking, with a lifetime prevalence of 6% for diagnosable PTSD versus 60% who are exposed to a traumatic stressor (Keane, Weathers, & Foa, 2000).

The literature does seem to be clear that women are at greater risk of developing PTSD than are men (Hidalgo & Davidson, 2000). There are not such definitive findings with relationship to personality factors which may predispose one to development of the disorder, however, the same authors report a strong relationship between pre-existing anxiety and depression and post traumatic development of PTSD for both women and men. In addition, conduct disorders in adolescence are also thought to be predisposing factors toward development of the disorder.

However, Yehuda (2000) asserts that a reasonable expectation is that 25% of those exposed to a traumatic event will eventually develop PTSD. Of those, she notes, about half will fully recover from the disorder.

It is useful to recall that the overwhelming majority of epidemiological surveys of PTSD have been conducted in North America. In fact, de Girolomo & Marchiori (1995) found in an exhaustive review of the literature that fully 64% of the studies that met their fairly liberal criteria for inclusion were conducted in the United States. Only 6% were conducted in the Third World, which is where the preponderance of refugees are located.

discrepancies in the definition of trauma adopted for the various studies, as well as the modality of assessment.

Similarly, the literature is far from able to establish reliable relationships between risk factors and the eventual development of PTSD. There are indications that certain types of trauma are more likely to produce the disorder. Keane, et al. (2000) note that rape seems to result more frequently in PTSD than, for example surviving a natural disaster. Kinzie & Jaranson, (2001), on the other hand note that the experience of living in communities plagued by extremely intrusive and systematic brutalization, such as in Cambodia under the Khmer Rouge, is particularly problematic.

Hidalgo & Davidson (2000) noted that women were more likely to develop the disorder if they had an earlier experience of parental aggression, or a parental history of psychiatric illness. In addition, the younger they are at the time of exposure, the more likely they are to develop PTSD. Men, on the other hand, were found to be at higher risk of developing PTSD if they were relatively poorly educated and married at the time of exposure to a traumatic stressor. Both sexes are more vulnerable to PTSD if they have a personal history of psychiatric diagnoses. It of course should be noted that these factors refer to risk of developing PTSD, not of increased probability of exposure to trauma.

Exposure to trauma is not uniquely related to PTSD. In fact, two studies of Southeast Asian refugees in the United States who had been exposed to massive and repeated trauma found the incidence of schizophrenia was much higher than in the general population (Kinzie & Jaranson, 2001). Somasundaram and Sivayokan (1994)

reported that, among civilians trapped in a zone of intense armed conflict in the north of Sri Lanka, only 14% met the DSM-III-R criteria for PTSD (although 27.5% met the ICD-10 criteria)³, while 35% showed no apparent psychological impact from their experience. The remaining group presented diagnosable anxiety or depression.

Similarly, Dadfur (1994) found among Afghan refugees in Pakistan that PTSD and depressive disorders, as well as substance abuse, were rampant. Lerner, Mirsky, & Barasch (1994) also noted elevated levels of anxiety and depressive disorders, frequently misdiagnosed as organic problems, among Ethiopian Jewish immigrants to Israel.

However, evidence is accumulating that indicates that PTSD has a higher probability of becoming a chronic affliction than do the depressive and other anxiety disorders noted in these studies (Kinzie, Sack, Angell, & Clark, 1989; Kinzie, Sack, Angell, & Manson, 1986; Schützwohl, Maerker, & Manz, 1999).

It is crucial to recognize that the experience of trauma - even the most devastating forms of human engineered trauma (Tedeschi & Calhoun, 1995) - does not inevitably lead to PTSD, or any psychiatric disorder. This is consistent with Martín-Baró's (1989) observation that exposure to a war is not destiny, but rather vulnerability.

One of the factors that seems to have an impact on the development of psychological distress for refugees is the postmigration reception in the resettlement

³ de Girolomo & Marchiori (1995) found that application of the DSM-III-R criteria tended to result in lower estimates of PTSD prevalence than either the DSM-III or the DSM-IV.

country. Westermeyer (1989) commented that US refugee policy seemed design to provoke PTSD, with an emphasis on the "broadcasting" of refugee groups across the country, as well as a practice of separating orphans from adults who have accompanied them through the resettlement process. This can have the effect of depriving the arriving refugees of access to community support, which is frequently cited in the literature as a mitigating factor of distress (e.g. Marsella, Friedman, & Spain, 1994; Schützwohl, M., Maerker, A. & Manz, R., 1999; Westermeyer, 1989).

Satisfaction with Life

Study of satisfaction with life (SWL) has developed within the area of hedonic psychology (Kahneman, Diener, & Schwarz (1999). As a psychological construct, life satisfaction is considered a cognitive process arising from an individual's assessment of his or her own life according to criteria generated internally (Diener, Emmons, Larsen & Griffin, 1985).

Further, satisfaction with life has been conceptualized as a component of subjective well-being. Diener, Suh, Lucas, & Smith (1999) identify four components of subjective well-being: pleasant affect, unpleasant affect, domain satisfaction and life satisfaction.⁴ In fact, Lucas, Diener & Suh (1996) indicated, using multivariate analyses, that pleasant and unpleasant affect are separate constructs from satisfaction with life.

⁴ It is interesting that in this large review of the field of well-being, Diener, et al. report four components of the construct. The year before Suh, Diener, Oishi, & Triandis., (1998), citing Diener in two earlier articles, state "The two major components of subjective well-being are life satisfaction and affect balance."

Domain satisfaction is thought of as the degree of positive cognitive evaluation of specific areas of life. For example, although one may express satisfaction with the quality of relations with a spouse (a specific domain), their evaluation of their life, *in toto*, could well be negative.

As an internal assessment, it is particularly important that measurement of satisfaction respect the individual's weighting of various factors that may or may not be considered fundamental to well-being. For example, being in good health is intuitively pleasing as an indicator of satisfaction, but there are clearly situations in which it does not account for the individual's sense of the quality of their own life. Hospice care is one area in which this becomes self-evident. Similarly, a study of the happiness of lottery winners, as compared to those who have become paralyzed due to a traumatic injury have revealed little difference in levels of subjective satisfaction (Brickman, Coates, & Janoff-Bulman, 1976).

Particularly in cross-cultural settings, it is important to measure the subjective sense of satisfaction. For example, Suh, Diener, Oishi, & Triandis (1998) report that while emotions correlate highly with satisfaction in individualist cultures, there is essentially a null correlation between emotional states and satisfaction in collectivist cultures. Instead, adherence to group norms was strongly related to satisfaction for the respondents resident in collectivist societies. Such findings further underscore the difference between domain satisfaction and general life satisfaction.

This also helps to distinguish satisfaction with life from the studies of quality of life, which have largely arisen independently of the strand of research cited above. De Vries and Van Heck (1994) define quality of life in such a way as to raise questions about the independence of the construct: "(q)uality of life can be defined as a person's perception of his or her position in life in the context of the culture and value systems in which he or she lives and in relation to his or her goals, expectations, standards and concerns" (p.61). However, they then go on to define the aspects of life which define the individual's quality of life.

It is this researcher-defined aspect which apparently distinguishes the quality of life literature from SWL. By focussing attention on economic or health aspects of existence, it is possible the researcher can identify an external measure or how the person may be expected to value their life, but miss the actual evaluation the individual makes of their own life. Thus, an essential distinction between these closely related fields of study would be that quality of life is a sort of 'summing up' of various domain satisfaction measures, with an emphasis on objectively measurable aspects of life, while satisfaction with life remains entrenched within the subjective assessment of the global worth of one's own life.

Although the quality of life literature is extensive, it is notable that De Vries and Van Heck (1996) review is nowhere mentioned in Diener, et al.'s (1999) review of well-being literature. Similarly, despite his prominence in the field of subjective well-being for over 20 years, Diener is not mentioned in De Vries and Van Heck's

review of quality of life. This may be a result of quality of life being largely a focus of sociological analyses of group level phenomena, while subjective well-being has been focussed on individual differences within groups.

An additional finding of interest for the current study is reported by Suh, Diener, & Fujita (1996). These authors report that events have a rapidly diminishing impact on the subjective well-being (SWB) of their participants, regardless of the nature of the events. It is important to note that their participants were taken from a population of college students, and the events they tested, while in some cases quite serious (such as the death of a close friend) included no dramatically extreme stressors such as those faced by the participants of this study. Therefore, it will be important to test whether this finding holds in the presence of the types of stressors commonly reported by a population of refugees. This could bring into question their finding that “typical life events lose their effects on SWB after 3 to 6 months” (p. 1100).

The Path of Satisfaction across Time

The tasks of readjusting one’s life to the realities of a new cultural and physical location are complex, precluding the possibility of it being a stochastic event. Given the abundant evidence that migration is a stressful experience (e.g. Donà & Berry, 1994; Grinberg & Grinberg, 1989; Rumbaut, 1991; Shuval, 1993; Sluzki, 1986), studies conducted within the framework of a number of disciplines within the social sciences have attempted to describe a pattern of adjustment through time.

Many of these studies have adopted measures of psychological health as an outcome measure.

Many authors have identified an initial “euphoric period” (Rumbaut, 1985), during which migrants, both refugees and immigrants, are described as symptom free. The duration of this period is reported in the literature to vary from a minimum of three months (Nguyen, 1984) to one year (Rumbaut, 1985). These same authors also describe a subsequent period of increasing discomfort, which may reach crisis levels at some point between one and six years post-arrival (see also Sluzki, 1986), or four to seven years post arrival (Flaherty, Kohn, Levav & Birz, 1988). In an influential publication, Sluzki (1986) suggested that this pattern would be found in all migrant populations.

Grinberg & Grinberg (1989) maintain that the process of adjustment to migration passes through three periods. They identify a first period dominated by pain over loss of familiar objects and individuals, as well as loneliness and a sense of helplessness. This, they maintain, is followed by a period of sorrow and nostalgia. This, however, is seen as a more positive stage, since they also note that interactions with the host society become smoother. Finally, they refer to an extended period in which “mourning for one’s native country has been worked through as far as possible.” Thus, this psychoanalytic model hypothesizes a gradual process of improvement in adjustment.

Of course, it should be noted that Grinberg & Grinberg (1989) recognize considerable variability and include a discussion of individuals who arrive and become energized by the task of adjustment. They suggest that these migrants are then likely to encounter a “postponed depression.” It would appear that this process, identified by Grinberg & Grinberg as the result of “manic defenses” in the immediate post-migratory period, corresponds to the path hypothesized by Sluzki (1986) as normative.

Pernice & Brook (1996) tested Sluzki’s model (1986) with randomized samples of Southeast Asian refugees, and immigrants from Pacific islands and Great Britain in Australia. The authors used the Hopkins Symptom Checklist – 25, which contains items measuring anxiety and depression, as the measure of psychological distress. They report no differences across time in anxiety. Further, they found that depression scores for those present between 4 and 5 years were significantly higher than for those present 9 to 13 years, but no other differences between groups. Thus, the findings of Pernice & Brook (1996) do not support the Sluzki model, at least based on depression and anxiety. But neither do they support Grinberg & Grinberg.

Refugee resettlement programs in the United States typically give close support to new arrivals for a period of five months. This support includes health care, housing, education, job search and some direct financial support. After the five months, the expectation is that the refugees will have acquired stable employment and begun to establish independence.

Obviously, the Sluzki model implies that, at least with respect to mental health services (which are wholly subsumed within health care services), the resettlement design provides support precisely in the period in which it is least useful. Even though Pernice & Brook (1996) do not support the Sluzki model, they also found that support for mood disorders might be most needed long after the principal services have been terminated.

Thus, it would be important, in terms of designing adequate resettlement programs, to resolve the conflicting findings as to the path of adjustment to life in a permanent resettlement country. If the arriving refugee or migrant is likely to commence their sojourn in this country in a kind of affective honeymoon, only to express significant distress at a later time, the flexibility to provide access to needed services at the relevant stage of adjustment would be both more useful to the migrant and a more efficient use of scarce social resources.

Chapter 3

Method

Given that the principal research questions have to do with the factors contributing to successful transitions to life in the resettlement country, rather than how different groups compare on the dimensions that affect positive resettlement, few between group comparisons are offered here. Multiple regression analyses of acculturation, psychological functioning, and satisfaction with life were performed on data collected from samples of refugees and immigrants to the Austin, TX area. In addition, means of SWL by sub-samples organized by length of time present in the United States were compared in order to explore the controversy as to whether there is a pattern of adjustment following migration.

These analyses are consistent with the suggestions of Parham (1993) that multicultural research should focus on within group variability, rather than comparing across groups. This suggestion arises from a desire to explore what happens *per se*, rather than positing, either implicitly or explicitly, a preferred or superior path to successful resettlement that may be chosen by one or another group of migrants.

Given the multicultural nature of any sample of immigrants and refugees, it is crucial that an identified outcome variable either have demonstrated universal valence across groups, or be one which permits measurement of subjective evaluations of a global estimation of well-being. This is indicated since the essential contributing elements of such subjective evaluations may vary significantly across and within

groups. Another way to say this is that what is important to me may not be as important to you. This consideration is central to the decision to consider satisfaction with life as the principal outcome variable in the present design.

It is curious that there has been little formal study of the relationship between exposure to trauma and satisfaction with life. Obviously, the existence of the diagnosis of PTSD in the DSM, related to the specific etiology of exposure to a traumatic situation, indicates that the potentially negative impact of trauma on the organization of one's life has been recognized. But it would appear important to understand how such exposure may impact the individual's evaluation of the quality and value of their own life with or without such disturbances as may lead to full blown PTSD.

Participants

Participants in this study were identified primarily through the Refugee Health Screening Clinic of the Central Texas city where it was conducted. Nurses at the clinic explained the study to a consecutive sample of both newly arrived refugees and those who had been present for some time as they were examined for health problems as part of the formal resettlement process. Those who agreed to participate permitted the nurses to send their names and addresses to the principal investigator. He then went to their homes to obtain informed consent and administer the questionnaires.

There is a snowball sample component insofar as frequently other refugees were encountered in the homes of those who had been identified through the Health Screening Clinic. A total of 14 of the refugee participants were recruited in this way.

Out of 48 refugees who agreed to be contacted, 37 agreed to complete the study. Seven were never found at home and also were unable to be contacted by telephone. Three agreed to participate, but then did not arrive for the appointment to complete the survey. Only one refugee who had authorized the nurse to forward his name directly refused to participate. Two who had agreed to participate failed to complete the protocol.

Thus, there was a total N of 35 refugees who completed protocols. Thirteen were males, and 22 were females. The mean age of the sample was 38.58 ($SD = 13.51$) with a range of 18 – 73. Most (21) were married, while 3 were widowed, 9 single and 2 divorced.

Of this final sample, most were from Cuba (16), while 10 came from Vietnam, four from Afghanistan, two from Bosnia and one each from El Salvador, Nigeria and the Ukraine. The refugee who declined participation was from a West African country, while the two who provided incomplete protocols were from Vietnam.

It should be noted that the process of contacting newly arrived refugees was disrupted by the aftereffects of the events of September 11, 2001, since the Federal government suspended refugee arrivals for several months following the attacks of that day. In the two months following, 10 refugees who were already in the United

States on September 11 were identified and completed the protocol. This included 4 Afghan refugees who participated despite some initial fear about responding to any questions about their experiences. However, the suspension of further refugee arrivals then effectively closed the pipeline to new participants, requiring a suspension of data collection from the refugee sample.

Acquiring sufficient immigrant participants was a less complicated process. A local social service project readily agreed to allow access to participants in a parenting and English as a Second Language program. Two visits to the center provided 36 participants who completed informed consent. These individuals completed the questionnaires individually, but in a classroom while they were all together. Six individuals who declined participation were given small group attention by staff of the program while the others completed the protocols.

Although the social service project is not designed to be restricted to a single linguistic or ethnic group, all the participants – indeed all of the people available on the dates of administration – were Mexican nationals. The immigrant sample was younger than the refugee group, with a mean age of 29.44 ($SD = 5.04$) and a range of 18 – 40. Only three of the immigrants were male, while 33 were female. Almost all were married (32), while 2 were cohabiting and 1 was divorced. One immigrant participant was single.

Table 3-1 displays demographic characteristics of the full sample. It should be noted that, although both groups included a range of formal education from no

schooling to graduate degrees, the refugee sample was better educated than the immigrants were.

Table 3-1

Demographic information about the refugee and immigrant sample.

		Refugees	Immigrants
		N = 35	N = 36
Years of Education	<u>Md</u>	12	9
	<u>Range</u>	6 – 22	0 - 21
Age	<u>Md</u>	37	30
	<u>Range</u>	18 - 73	18 – 40
Children	<u>Md</u>	1	2
	<u>Range</u>	0 - 7	0 – 6
Children in US	<u>Md</u>	1	2
	<u>Range</u>	0 - 5	0 - 6
Married	<u>N</u>	20	34
Single	<u>N</u>	11	2
Widowed	<u>N</u>	3	0

Md = Median

The majority of both groups had no close family members present in the United States, but the mean number was significantly different (refugees \underline{M} = 2.82, \underline{SD} = 3.31; immigrants \underline{M} = 17.97, \underline{SD} = 20.85). Three immigrant outliers that estimated the number of family members at more than 50 largely determined this difference.

Materials

The Satisfaction with Life Scale. The Satisfaction with Life Scale (SWLS) was developed by Diener, Emmons, Larsen, and Griffin (1985) to provide a measure of the subjective well being of participants when considering their life in global terms.

An advantage of using this scale to measure satisfaction with life is that it allows participants to define the importance of the parameters they take into consideration. This obviates the dangers of measuring a number of areas judged by the investigator to be important to life satisfaction and then simply collapsing these scores into a single indicator. For example, Lang, Muñoz, Bernal, & Sorensen (1982) found that a Latino sample ranked family relationships, religion and passive recreation as the three most satisfying aspects of their lives. By contrast, in a national sample, these areas ranked only 8.5, 14.5 and 5, respectively. Thus, providing a scale that is responsive to individual evaluations in a multi ethnic sample is crucial.

Neto (1995) reported that the SWLS was successfully used with participants of different generations and nationalities, supporting the cross-cultural validity of the

instrument. Rudman and Ahmadzadeh (1999) also reported construct validity and adequate reliability ($\alpha = .57$) in a sample of Iranian refugees living in Norway.

The SWLS is a 5-item scale that has demonstrated good psychometric properties, with a coefficient alpha of .87, and a two-month test-retest reliability of .82, as reported by the authors. It correlated well with other measures of subjective well being, but distinguished itself by being less susceptible to the impact of transitional affective states. Participants rate their agreement with each item on a 7 point scale ranging from 1 (strongly disagree) to 7 (strongly agree). The possible range is 5 to 35, with higher scores indicating more satisfaction.

The Los Angeles Symptom Checklist. The Los Angeles Symptom Checklist (LASC) is a measure of Posttraumatic Stress Disorder (PTSD). King, King, Leskin, and Foy (1995) report that the LASC, which was first developed in 1980, is appropriate for both veteran and non-veteran populations and is able to accurately capture PTSD symptomatology resulting from a variety of different types of trauma. Both of these aspects are crucial to the use of a measure designed to capture PTSD in a refugee population, since refugee groups include both combatants and non-combatants. Further, many of the traumas reported by members of this population are not directly combat related, but instead include sexual assault and other events more closely resembling non combat PTSD studies conducted in the United States.

The measure does not present information about the trauma history of the respondents. Rather, by measuring the degree of distress associated with the specific

symptom clusters of PTSD, it presents information about the aftereffects of trauma experienced over the prior two week period.

The LASC includes 43 items which are endorsed on a 5 point Likert-type scale ranging from 0 = no problem to 4 = extreme problem. Embedded within the 43 items is a 17-item scale that closely measures the DSM IV diagnostic criteria for PTSD. King, et al. (1995) present a number of scoring schemes which may be adopted according to the purpose of a particular study. In the present study a simple summation of the points assigned to the 17 item subscale, divided by the number of items will serve as an indicator of the severity of PTSD symptoms. The range of possible scores is 0 and 4. Higher scores indicate higher levels of distress.

The authors reported excellent reliability for this procedure. An overall coefficient alpha of .94 was reported for the 17-item subscale in a sample (N = 874) derived from separate studies. One study involved Vietnam veterans (N = 300, $\alpha = .91$), and another looked at high-risk adolescents (N = 168, $\alpha = .88$). The authors further report psychometrics for four all female groups (total N = 406, $\alpha = .89$, King, et al., 1995).

Similarly, the authors report excellent validity. A logistic regression analysis of LASC scores and the Structured Clinical Interview for DSM-III-R (SCID-R) revealed that, “the likelihood of PTSD was an increasing function of scores on (the LASC)” (p.14).

The Hopkins Symptom Checklist – 21 (HSCL-21). The Hopkins Symptom Checklist –21 is a modified version of the Symptom Checklist-90-Revised (SCL-90-R, Derogatis, 1994 cited in Stephenson, 2000). The HSCL –21 is a well known instrument that has been reported to have good psychometric properties, including a 3 factor structure which is stable across several ethnic groups (Cepeda-Benito & Gleaves, 2000). These factors are characterized as performance, general and somatic factors.

A slightly longer version of this scale, the HSCL –25 has been widely used with refugee populations.

The Stephenson Multigroup Acculturation Scale (SMAS). The SMAS is a measure of acculturation developed within the framework of acculturation attitudes proposed by Berry (1997). This is an effort to provide a scale that is applicable across many ethnic groups. In fact, Stephenson (2000), developed the scale using snowball samples from African American, Asian American, European American, Hispanic American and participants of African descent at all stages.

The SMAS provides two subscale scores, reflecting a stable, theoretically driven two-factor structure of the whole scale. The subscales are defined as Ethnic Society Immersion (ESI) and Dominant Society Immersion (DSI). Each subscale includes items referring to the domains of language, interaction with others, media preferences and food. This is consistent with Stephenson's (2000) stated goal of providing a scale that measures acculturation on superficial and intermediate levels,

while leaving aside the significant level (defined as referring to changes in beliefs, values and norms).

A coefficient alpha of .86 is reported for the entire scale, with the ESI alphas reported as .97 and .94 for separate validation samples. The DSI alphas were reported as .90 and .75. The latter alpha was obtained with a sample composed exclusively of college students (Stephenson, 2000). The subscales are orthogonal.

Construct validity was established through correlations with two other bidimensional acculturation scales, the Acculturation Rating Scale for Mexican-Americans-II (Cuellar, Arnold, & Maldonado, 1995) and the Bidimensional Acculturation Scale for Hispanics (Marin & Gamba, 1996). Correlations were reported in the expected direction between all the subscales of these instruments.

All of these scales are presented in the Appendix.

Research Questions

The opportunity to collect information from a cross-sectional sample of refugees and immigrants arriving in Central Texas provides a unique chance to help shape the psychosocial policies aimed at supporting refugees and immigrants attain effective independence in this country, by illuminating the contribution of exposure to trauma and acculturation attitudes to the satisfaction with life experienced by the individual.

Given the multicultural nature of any sample of immigrants and refugees, it is crucial that an identified outcome variable either have demonstrated universal valence

across groups, or be one which permits measurement of subjective evaluations of a global estimation of well-being. This is indicated since the essential contributing elements of such subjective evaluations may vary significantly across and within groups. Another way to say this is that what is important to me may not be as important to you. This consideration is central to the decision to consider satisfaction with life as the principal outcome variable in the present design.

It is curious that there has been little formal study of the relationship between exposure to trauma and satisfaction with life. Obviously, the existence of a diagnosable disorder related to the specific etiology of experience of a traumatic situation indicates that the potentially negative impact of trauma on the organization of one's life has been recognized. But it would appear important to understand how such exposure may impact the individual's evaluation of the quality and value of their own life with or without such disturbances as may lead to full blown PTSD.

Does distress resulting from trauma predict reduced SWL?

Thus, a first research question arising is whether distress related to traumatic experiences has a measurable impact on satisfaction with life. If it does, an obvious corollary is in what sense it is related. It would be expected that increased distress would have a negative relationship to satisfaction.

While apparently intuitive, this relationship has not been demonstrated in the literature. On the contrary, as noted in the literature review, some authors (e.g. Diener, et al. 1999, Brickman, et al. 1976) have indicated an expectation that such

experiences would have at best a transitory effect on satisfaction. Further, theorists of posttraumatic growth (Tedeschi and Calhoun, 1995) also posit that at least a significant portion of survivors of trauma will demonstrate improved satisfaction with life.

Does acculturation attitude predict SWL?

Another area of surprising neglect in the literature on acculturation – as well as the satisfaction with life literature – is the relationship of acculturative attitudes on satisfaction of migrating populations. The difficulty of establishing a clear and widely accepted model of acculturation within the psychological sciences has understandable dominated investigations of this construct to date. However, the Berry model (1997) positing 4 acculturation attitudes and 5 strategies elaborated in response to an interaction of individual and group level variables has now been widely validated.

Thus, it would seem timely to begin to explore the interaction of acculturation with other attributes of populations confronted with acculturation tasks. So, a second research question guiding the design of the present study is whether acculturation attitudes predict satisfaction with life, with the obvious corollary of in what sense they are associated with satisfaction.

Does SWL vary as a function of time present in the host country?

Further, cross sectional nature of the data collected in this study will also allow a test of the findings of Suh, Diener, & Fujita, (1996) indicating that life events impact satisfaction for a limited time period. The presence of extreme stressors in the

background of participants of this study might reasonably be expected to have a more consistent effect on SWLS across time than suggested in either the Suh, et al. (1996) study, and in the classic Brickman, Coates, & Janoff-Bulman, (1976) study of lottery winners and paraplegics.

Is there a predictable pattern of adjustment post-migration?

A final research question arises due to inconsistency in the literature dealing with adjustment patterns following resettlement. Some literature indicates that adjustment difficulties ameliorate at a predictable rate, with most difficulty found in the first months post-migration (e.g. Grinberg, & Grinberg, 1989). Other researchers have suggested that most psychological difficulties only manifest after 1 to 7 years have been spent in the new environment (e.g. (Flaherty, Kohn, Levav & Birz, 1988; Sluzki, 1986). Significant differences in satisfaction with life revealed across different groups in a cross sectional analysis would illuminate this discussion, at least insofar as satisfaction with life is considered an indicator of such adjustment.

Chapter 4

Data Analyses and Results

Overview

In this chapter all of the analyses providing responses to the research questions outlined in Chapter 3 will be presented. First, scale values and psychometrics will be reviewed. This will be followed by the findings from a regression analysis of the contribution of distress generated by trauma, as well as acculturation attitude to satisfaction with life. Finally, means comparisons will permit an exploration of whether satisfaction with life varies across time, which is also related to the question of whether there is a predictable pattern of adjustment post-migration.

Descriptive statistics

Means comparisons revealed no significant differences between refugees and immigrants on any of the measures administered (see Table 4-1). Inspection of scatterplots of all possible correlations indicated that there were no outliers unduly affecting the results. To determine this, t tests were performed with SPSS statistical software. For the Satisfaction with Life Scale (SWLS) the result was $t(67) = .35$, $p = .72$. The Los Angeles Symptom Checklist (LASC) produced $t(65) = 1.29$, $p = .20$. For the Ethnic Immersion Scale (ESI) results were $t(61) = 1.22$, $p = .23$. The Dominant Society Immersion Scale (DSI) provided unequal variances, thus $t(46.8) = .67$, $p = .50$. The Hopkins Symptom Checklist – 21

Table 4 -1*Descriptive statistics for all measures*

		SWL	LASC	HSCL	ESI	DSI
Refugees	<u>M</u>	4.13	.96	1.72	3.47	1.78
	<u>SD</u>	1.39	.72	.49	.46	.53
	<u>α</u>	.81	.91	.88	.82	.81
Immigrants	<u>M</u>	4.01	.77	1.79	3.59	1.70
	<u>SD</u>	1.38	.50	.39	.28	.37
	<u>α</u>	.84	.86	.87	.63	.67

SWL = Satisfaction with Life Scale; LASC = Los Angeles Symptom Checklist; ESI = Ethnic Society Immersion; DSI = Dominant Society Immersion; HSCL = Hopkins Symptom Checklist - 21. Differences between means for refugees and immigrants are not significant on any scale.

(HSCL-21) also was found to have unequal variances, and thus, $t(49.8) = -.51$, $p = .61$.

The HSCL-21 was dropped from subsequent analyses because of a strong correlation with LASC (Refugee sample: $r = .75$; Immigrant sample $r = .64$), indicating that these scales were likely tapping the same construct. The full correlation tables are presented in Tables 4-2, for refugees, and 4-3 for immigrants.

Reliability for all the scales was acceptable, with Cronbach's alpha reported in Table 4-1. It should be noted that among immigrants, the reliability of both scales of the SMAS was marginally acceptable. The alpha of the Ethnic Immersion Scale (ESI) was only .63, as opposed to a more robust .82 for the sample of refugees. For the Dominant

Table 4-2*Refugees: Correlations among measures*

	LASC	DSI	ESI	HSCL
SWL	-.43*	.31	.10	-.48**
LASC	--	.20	.26	.75**
DSI		--	.09	.002
ESI			--	.27

* $p = .01$; ** $p < .01$. SWL = Satisfaction with Life Scale; LASC = Los Angeles Symptom Checklist; DSI = Dominant Society Immersion; ESI = Ethnic Society Immersion; HSCL = Hopkins Symptom Checklist 21

Society Immersion Scale (DSI), the same pattern held, with an alpha of .67 for immigrants, and .81 for refugees.

Satisfaction with life had a significant, negative correlation with the LASC among refugees. The only other significant correlations among refugees was a strong, negative relationship between satisfaction and the HSCL, which would be expected given the very strong correlation between LASC and HSCL. In the immigrant sample, the LASC was, of course, strongly correlated with HSCL, and there was a moderate negative correlation between DSI and HSCL.

Despite the absence of differentiation on any of the scales, there are essentially two studies being presented here, one examining refugee adjustment and another examining immigrant adjustment. This is dictated by both theoretical considerations, as noted in Chapter 3, and by the fact that the demographic characteristics diverge enough

Table 4-3*Immigrants: Correlations among measures*

	LASC	DSI	ESI	HSCL
SWL	-.26	.32	.02	-.29
LASC	--	-.22	-.27	.64*
DSI		--	-.19	-.39*
ESI			--	-.03

*indicates $p \leq .01$; SWL = Satisfaction with Life Scale; LASC = Los Angeles Symptom Checklist; DSI = Dominant Society Immersion; ESI = Ethnic Society Immersion; HSCL = Hopkins Symptom Checklist 21

to make common analyses of the data unwise (see Table 3-1).

Does distress related to trauma predict SWL?

In order to determine whether distress generated by trauma would be a significant predictor of satisfaction with life, a, stepwise forward regression was performed with SPSS software. Mean scores of the SWLS were regressed on LASC, DSI and ESI. The steps of this procedure are identical for the two samples.

In the analysis of the refugee data, LASC was entered in the first step, providing $\beta = -.48$, $p = .007$, indicative of a negative relationship between the degree of distress reported and SWL. LASC accounted for 23% of the variance in SWLS scores at this stage. For the second step, the Dominant Society Immersion Scale was entered, resulting in $\beta = .43$, $p = .009$. The amount of variance accounted for by the addition of DSI was strong, with a change in R^2 of .17. The probability of a change in

Table 4-4

Summary of Stepwise (Forward) Regression Analysis for Variables Predicting Satisfaction with Life for Refugees (N = 30)

Variable	B	SE B	β
Step 1			
LASC	-.94	.32	-.48*
Step 2			
LASC	-1.07	.32	-.57**
DSI	1.15	.41	.43*

$R^2 = .23$ for Step 1, $\Delta R^2 = .17$ for Step 2. * $p < .01$; ** $p < .001$.

the F statistic of this magnitude is .009. The association between LASC and SWL was strengthened, with $\beta = -.57$, $p = .001$.

The final step was the introduction of the Ethnic Society Immersion Scale. However, the ESI did not meet the entry criteria of probability of $F < .05$, so this step was not executed. For the second equation, $R^2 = .41$, indicating a strong, negative relationship between LASC and SWL, and a significant positive relationship between DSI and SWL. Results of the regression analysis for the refugee sample are summarized in Table 4-5.

The equation generated for the immigrant sample was not significant. No variable met the criteria for entry into the equation (all $p > .05$).

Does acculturation attitude predict SWL?

The results of the regression analysis presented above also provide responses to this research question. In the refugee sample, the measure of immersion in the society of origin was not a significant predictor of SWL, $\beta = .23$, n.s. However, the measure of immersion in the dominant, Anglo society, entered in block 2, significantly strengthened the equation, $\beta = .43$, $p = .009$. This indicates a positive association between immersion in the dominant society and satisfaction with life (see Table 4-5).

For the immigrant sample, results of the regression were not significant. In fact, the reported attitude towards both the dominant and the ethnic society failed to meet conservative criteria for entry into the equation

Does SWL vary as a function of time in the U. S.?

In order to respond to the question of whether SWL is a stable trait in these groups, a comparison of means across time was performed. Cell sizes resulting from a division of each sample into thirds by time present in the United States were insufficient to support an ANOVA analysis across time, so the presentation is limited to a means comparison (see Tables 4-6 and 4-7).

The results among refugees are suggestive of a pattern of relatively lower satisfaction with life within the first 3.5 months post resettlement, when compared to that reported by refugees who had been present in this country between 3.5 and 13 months

Table 4-5*Descriptive statistics for refugees: by time since arrival in the US.*

		SWL	LASC	HSCL	DSI	ESI
<u>Group 1</u>	<u>M</u>	3.60	.91	1.70	1.56	3.33
(N = 15)	<u>SD</u>	1.49	.72	.60	.47	.58
<u>Group 2</u>	<u>M</u>	4.37	.61	1.48	1.84	3.53
(N = 7)	<u>SD</u>	1.36	.38	.24	.37	.29
<u>Group 3</u>	<u>M</u>	4.45	1.37	2.03	2.31	3.63
(N = 7)	<u>SD</u>	1.30	.93	.28	.42	.24

Refugees: Group 1: < 5 months since arrival in the US; Group 2: 5 to 13 months post arrival; Group 3: > 13 months post arrival.

and those who had been here longer than that. This observation must be interpreted with caution, since the standard deviations for all three groups are overlapping.

Among the immigrant sample, a comparison of means across three groups defined by time present in the United States does not indicate differences in

Table 4-6*Descriptive statistics for immigrants: by time since arrival in the US.*

		SWL	LASC	HSCL	DSI	ESI
<u>Group 1</u>	<u>M</u>	4.17	.54	1.57	1.80	3.66
(N = 8)	<u>SD</u>	2.04	.36	.47	.39	.18
<u>Group 2</u>	<u>M</u>	4.02	1.02	2.00	1.48	3.61
(N = 10)	<u>SD</u>	.96	.25	.24	.29	.24
<u>Group 3</u>	<u>M</u>	4.29	.69	1.75	1.84	3.52
(N = 15)	<u>SD</u>	1.07	.64	.39	.36	.34

Immigrants: Group 1): < 28 months since arrival in the US; Group 2): 28 to 60 months post arrival; Group 3): > 60 months post arrival.

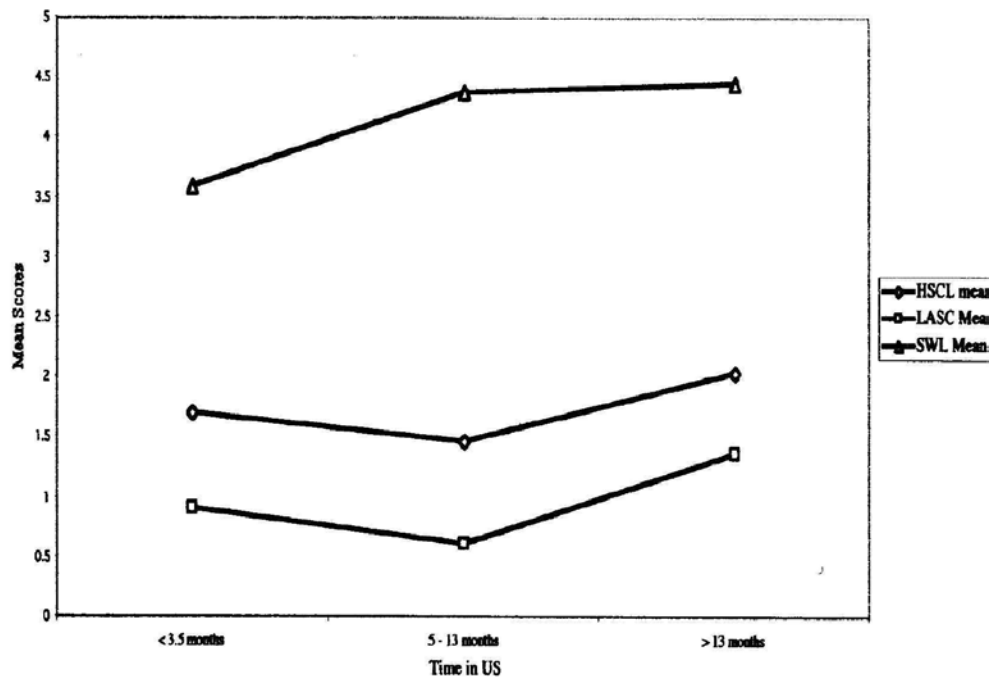
satisfaction with life as a function of time present in this country (see Table 4-6).

Is there a predictable pattern of adjustment post-migration?

The response to the question of whether the pattern of adjustment post-migration is predictable is also approached through a comparison of means. Because

of differences between the refugee and immigrant samples in terms of time present in the United States, an examination of the trends must be made separately.

Figure 4-1
Means comparison across time: Refugees



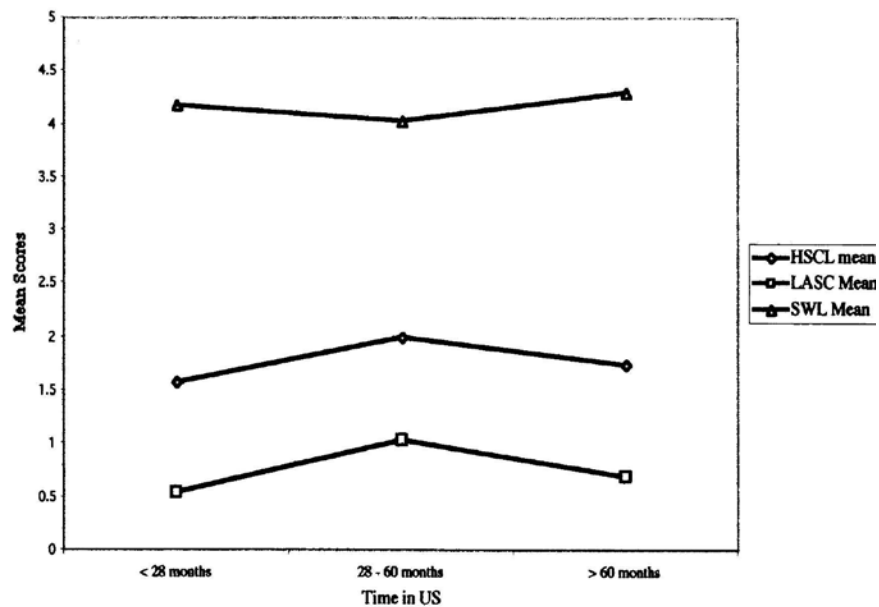
Mean scores on HSCL (Hopkins Symptom Checklist – 21), LASC (Los Angeles Symptom Checklist) and SWL (Satisfaction with Life Scale) by time present in the US.

For refugees, all three of the measures that can be expected to represent degrees of psychological well being (SWL, LASC, and HSCL) vary somewhat across time. LASC and HSCL means are lower for the group that has been present in the country for between 5 and 13 months than for either of the other two groups (see Figure 4-1). A 95% confidence interval around the mean for this middle group does not overlap with that of the group present more than 13 months. On the other hand,

indicating an inverse relationship with these measures, SWL means are higher for this middle group.

For immigrants the pattern is reversed for the three time periods into which the sample is organized. That is, those immigrants present in the United States between 28 and 60 months appear to be less satisfied, and report higher degrees of distress associated with trauma (LASC), as well as anxiety and depression (HSCL). However, confidence intervals do overlap, so interpretation must be very cautious.

Figure 4-2
Means comparison across time: Immigrants



Mean scores on HSCL (Hopkins Symptom Checklist – 25), LASC (Los Angeles Symptom Checklist) and SWL (Satisfaction with Life Scale) by time present in the US

Chapter 5

Discussion

Overview

The findings of the current study are suggestive of an enduring negative impact, in a refugee population, of even sub clinical levels of distress engendered by trauma on subjectively reported satisfaction with life. In addition, a positive association between an acculturation attitude oriented towards interaction with the dominant, Anglo society in Central Texas and increased satisfaction with life is indicated by the findings reported here. Finally, the present study provides weak support for the suggestion that the course of adjustment changes in a predictable pattern, consistent with the suggestion of Grinberg & Grinberg (1989), during the first year following immigration. However, these findings are equivocal, indicating that there seems to be a relative improvement in functioning in the period between 5 and 13 months post arrival, followed by a slight intensification of distress.

Trauma and satisfaction with life

The present study found a strong negative relationship between distress associated with trauma and reported satisfaction with life among refugees. Those who reported slightly higher levels of distress on a measure focused on the symptoms of PTSD reported significantly less satisfaction with life than did those with lower levels of distress.

It is interesting to note that very few of the refugee participants were reporting levels of distress considered clinically significant, yet the relationship was strong. Further, although there were no differences between refugees and immigrants on either the measure of satisfaction or on the measure of distress generated by trauma, this relationship found among refugees was not mirrored among the Mexican immigrants who participated in this study.

What then, is there in the experiences of this sample of refugees that seems to indicate their evaluation of satisfaction has changed? Because the current study is exploratory and relies on correlational analysis, interpretation of this must necessarily be cautious. For example, the possibility that the sample included a number of participants who were not particularly satisfied with their life before their exposure to traumatic stimuli cannot simply be ruled out, since there is no data available prior to their arrival in Central Texas.

Further, because of the strong correlation between the measure of distress generated by trauma and the measure of general psychological distress, it is possible that the effect found in this study is also a result of the stress related to migration in search of refuge. However, the LASC scale used in this study is well validated as a measure of the specific set of symptoms associated with posttraumatic stress disorder, making it possible to look at the results as indicative of distress associated with trauma. Of course, these possible explanations are not mutually exclusive, since migration in itself is considered stressful, and the nature of the migration path taken by refugees admitted by the United States is by definition traumatic.

It is more likely that the particular quality of the experiences that led the refugee participants in this study to seek asylum were of a nature that implies a significant re-evaluation of the significance of their lives. Clinical experience indicates that this aspect, of having to redefine the nature of life in a society that is no longer seen as capable of providing protection, and one's own role and potential within such a system, is one of the more challenging tasks confronting survivors of torture, as well as veterans of US military service.

This possibility is consistent with reports indicating that traumas associated with planful human aggression result in more intransigent and problematic cases of PTSD, in those subjects who develop the disorder (e.g. de Jong, 1995). In fact, it seems likely this re-evaluation is one task that also confronts refugees. However, this is at least a two-fold task, as the refugee must re-examine both her or his global evaluation of the nature of human nature, and the specific capacity of the society of resettlement to provide adequate safeguards against further human aggression.

The idea that exposure to trauma may have more profound effects on an individual than other types of stressors is further supported in the literature. Yehuda (2000), in fact, points out that the biology of PTSD indicates that it is not simply one extreme of a continuum of stress reactions. In support of this, she observes that one hallmark of PTSD is the prolongation of adverse effects long after exposure to the stressor has ended. On the other hand, exposure to severe life stressors of a non-traumatic nature typically produces adverse effects that resolve with the particular situation or event.

This aspect of the impact of trauma is also suggestive of significance of the push/pull model of migration (see Kunz, 1973, 1981) beyond the simple description of a decision making dynamic. That is, the results reported here suggest that the external motivation for movement implies significant internal repercussions for the migrant. We may reasonable assume that the refugees who participated in this study responded to a 'push' motivation for their migration. Indeed, this may well have been perceived as an exclusionary impulse. The immigrant participants, on the other hand, most likely moved in response to predominantly pull factors, such as a search for better wages. Such factors are not as likely to provoke a significant re-evaluation of the meaning of the migrant's place in society.

It is possible that this distinction accounts for the differential contribution of distress generated by trauma on satisfaction between the refugee and immigrant sample. Further study of the assumptions and meanings attributed to their experiences by these two groups would be helpful in establishing the relevance of this possibility.

Finally, the findings reported here are apparently in conflict with those reported by Suh, Diener, & Fujita (1996) suggesting that satisfaction with life is a personality trait that is remarkably resistant to change. In fact, Diener and colleagues report that experiences that appeared to have a modest impact on the degree of satisfaction with life of their participants were on occasion quite dramatic. For example, they cite Brickman, Coates & Janoff-Bulman, (1976), who found that neither lottery winners nor people who had sustained sudden injuries resulting in

paraplegia manifested sustained modifications of their subjective evaluation of the quality of their lives.

Whatever the nature of the distress generating the results on the LASC, the strength of the association indicates that SWL does not return to a pre-event baseline level. This finding may seem obvious, but it should be noted that it is contrary to the findings cited and reported by prominent theorists of satisfaction theory.

Acculturation and satisfaction with life

The present study indicates that for refugees, but not for Mexican immigrants, a relatively stronger orientation towards interaction with the dominant, Anglo society (as measured by the DSI) was a significant predictor of better satisfaction with life. On the other hand, there was little variability in the degree of ‘immersion’ in the culture of the society of origin revealed by scores on the ESI, with virtually the entire sample being high on that specific scale. It is likely that this contributed to the lack of significance of this variable in the regression equation predicting SWL.

It is a pity that this lack of variability prevented analyses on the basis of acculturation attitude, as proposed by the Berry model (1997). When looking at the acculturation attitudes implied by the plotting of scores on the two scales, ESI and DSI, no participant in this study could be classified as having an integration attitude. Rather, virtually everyone would have been classified by the orthogonal, dichotomous approach described in the literature as being in one of the most problematic categories: marginalization. According to the theory, marginalization results from responses to Berry’s two principal questions of ‘yes, it is of value to immerse myself

in my extant cultural identification' and 'no, it is not of value to adopt immersion in the dominant culture.'

It is worth noting that in the literature on acculturation based on the Berry model, there are strong indications that an acculturation attitude of integration is associated with positive mental health outcomes, while those of marginalization and segregation were associated with particularly problematic outcomes. However, it is not intuitively clear that such a strategy, by implying parallel life courses rather than common involvement in community life, would be associated with negative outcomes.

Indeed, the degree of reported satisfaction found here is not particularly consistent with a negative evaluation of the outcome. In the present study, both immigrants and refugees reported moderately positive satisfaction with life.

One possible explanation for this is the high degree of identification with the society of origin. In fact, the entire immigrant sample scored in the upper third of the possible range of scores on the ESI, as did most of the refugee sample. Further, this identification with the culture of origin did not contribute significantly to the variance in SWL.

A possible explanation for this null correlation between ESI and SWL among immigrants may be explained by the potential for the Mexican immigrant population of Central Texas to effectively access aspects of their home culture with relative ease. That is, as noted by Ainslie (1998), the acculturation task confronting them is in some sense voluntary insofar as the proximity of Mexico and the replication of significant

cultural icons in Central Texas may provide an adequate sense of participation and belonging without seeking inclusion in Anglo society.

In fact, the present study would seem to indicate that Mexican immigrants have been reasonably successful at creating precisely such a parallel community that responds to their cognitive and emotional needs for belonging to a significant community. It is entirely likely that the Mexican participants in the present study participate in the 'transnational circuit' described in Chapter 1. That is, the context of significant meaning for them may reside in a sense of belonging in a community that is geographically dispersed between Mexico and the United States, but maintained by the ceaseless movement between locations of significant members of the community, if not of these participants themselves

If this is the case, then it would make sense that their degree of orientation towards the dominant society would have a less significant impact on their evaluation of satisfaction, while the lack of variability in their orientation towards Mexican society would wash out any correlation between that and SWL.

However, for the refugees, with fewer possibilities to create a meaningful, rich community based on their culture of origin, the opposite situation seems to apply. In most instances, refugees are precluded from returning to their home country by the very conditions that led them to a 'solution' of permanent resettlement, rather than voluntary repatriation.

Among this sample, a frequent reaction to one of the items in the SMAS, asking about whether they read magazines from their home country, was a visible

display of frustration, and a comment that there was no availability of such items.

Several further noted that without access to the Internet, they were effectively prevented from having even basic news about their home countries.

This presents refugees with an acculturative task that may be more arduous psychologically than that which confronts Mexican immigrants, in terms of having fewer options available to them. Particularly so in the United States, with its policy of “broadcasting” refugees from any given country across many locations within the U.S., rather than consciously creating concentrations in certain communities, as is the case in Canada. This creates more difficulty in accessing culturally specific resources and thus restricts the range of options available to the refugee for constructing a meaningful sense of belonging within a community.

In this case, increased willingness to create significant connections to the dominant culture would be expected to support a more solid sense of well-being, as, in fact, the present study implies. In fact, it is worth noting that the group of refugees present in the US more than 13 months comes closest to an acculturation attitude of integration. They also reported the highest SWL, despite having higher levels of reported distress on both checklists of psychological symptoms.

Here, it would seem that the influence of different emphases associated with different social sciences has an influence on the results. For example, the outcome measure in the present study is exquisitely subjective, as would be expected in a clinical setting. The focus is not only on the individual, albeit within a specific social context, but on the meaning the individual makes of her or his own life situation. In

contrast, in the fields of sociology – or even social psychology – outcomes are more likely to include so-called objective measures of well-being. These typically include economic factors, interaction with other groups, housing, access to transport and so on.

One implication of the findings of Diener and his associates indicating very modest correlations between SWL and demographic factors is that the choice of outcomes is very likely to determine the direction of the findings associated with a study of refugee and immigrant well being. That is, while valid and reliable studies using demographic factors such as income or housing status as outcome indicators may find a negative relationship between these factors and the acculturation attitude of marginalization, equally valid studies using subjective satisfaction as an outcome may well come to the opposite conclusion.

However, another outcome – not typically identified as a controlled variable – may also have influenced these findings. It is likely that the refugee sample was reporting a fairly pure acculturation attitude, while the immigrant sample, with more experience in the United States, was reporting an acculturation strategy.

Is there a predictable pattern of adjustment post-migration?

Grinberg and Grinberg (1989) posited that the normal course of psychological adjustment following migration is characterized by an immediate period of difficulty followed by a gradual improvement. On the other hand, Sluzki (1986) and others have suggested that instead there is a kind of honeymoon effect following arrival in a

new culture, with psychological challenges manifesting most intensely some time later. The cross-sectional element of this study was directed at exploring the validity of these two models in the populations under consideration.

Among the refugees in this study, there appeared to be broad support for the psychodynamic model proposed by Grinberg and Grinberg, with those refugees most recently resettled reporting lower levels of life satisfaction, and higher levels of distress than those who had been present in the country more than 5 months. Means comparisons suggested that there was a gradual improvement in all three measures after five months in the country. Although less dramatic, this improvement seemed to continue among those refugees present more than 13 months.

This finding is somewhat surprising, since the essence of refugee resettlement is that an individual obliged to leave a dangerous and unstable home environment has now been given the opportunity to establish herself in a presumably secure host country. If ever there were a moment for a grateful relaxation of tensions, that would seem to be the time. Yet, the data does not support this.

There is a chance that this finding, contrary to the suggestions of Sluzki, is an artifact of the long road to refugee resettlement in this country. It will be recalled that few refugees enter the United States as a first option. Rather, most flee to a geographically contiguous country and enter into the UNHCR system there. For example, many of the Bosnian participants in clinical groups conducted by this author spent considerable periods of time in Slovenia or Germany prior to obtaining

permanent resettlement here. Similarly, the Afghan participants in this study spent time in India or Pakistan – in some cases up to 5 years – prior to entering the US.

Thus, it is possible that the ‘honeymoon’ effect is experienced in the country of first asylum, and not anew in each subsequent place of refuge. If that is the case, then the findings presented here would resemble the theoretical model proposed by Grinberg & Grinberg (1989) without refuting the Sluzki model. Such a possibility could be explored through studies conducted in the areas of first refuge, ideally with subsequent follow up in countries of permanent settlement.

Another possible explanation, that certainly cannot be discarded, is the effect of collecting data in the immediate aftermath of September 11, 2001. In particular, it should be noted that most of the recent arrivals were contacted in this time frame, and included all the Afghan refugees included in this sample. Although not well informed, by and large, about current affairs in the United States, all the refugees made comments during informal conversation about the attacks on New York and Washington, D.C., and commented on their concern about how they might be received in the United States.

However, other, less contingent factors may also be at work. For example, the resettlement process is pressured and confusing for refugees and their families. They are shepherded through numerous appointments and screenings involving the establishment of services, setting up a household, receiving medical attention and finding employment. Their caretakers are typically meagerly compensated caseworkers, often refugees themselves, who are in a hurry to fulfill an impressive set

of obligations in a timely way. The caseworkers are conscious of the time limits on the services that can be offered, while the refugees themselves may not be.

Clearly, there is little space in this system for individual adjustments to the coping styles and problem solving methods the refugees bring into the situation. These factors, in and of themselves may well account for the modest differences in satisfaction and distress revealed by this study by masking the relief felt on arriving in a safe locale under contingent stressors involved in arranging practical details of daily life.

However, there are factors identified in clinical work with this population that offer more support to the theoretical basis for the trend identified by Grinberg and Grinberg (1989). For example, the question of confronting losses in the immediate post-arrival period is clearly powerful.

Although not a participant in this study because of ethical concerns, a Cuban refugee who had participated in a psycho educational group organized by a resettlement agency eloquently described his loss of professional identity.

“Luis” explained that he had been a respected professor of engineering at a university in Cuba. However, following a conference he attended in Europe he was singled out for investigation and in the arc of just a few weeks lost his passport, his job and then was incarcerated. After two years he was freed on condition that he accept exile in the United States. With no English skills, and little documentation of his training on hand, he had accepted work in the produce department of a grocery

store. He spoke tearfully of having tried to get into the education system in Texas, even applying for work as a janitor in an elementary school. He was turned down.

It seems clear that, while probably more dramatic than most refugees, “Luis” would be expected to report more difficulty in the immediate period following such an accumulation of losses, and to gradually improve as he both establishes new connections and develops a sense of his life course in Texas.

Implications for Services

The principal practical question implied by this study is not whether refugees or immigrants can re-create the same satisfactions and place for themselves in the new society of resettlement, or even whether they can be helped to attain the same levels of satisfaction and status as they enjoyed prior to their movement. This would be, a priori, a self limiting and impossible objective.

Rather, the question is whether the host society can provide services to refugees, and to immigrants, in such a way as to maximize the potential for them to attain a level of satisfaction and health which permits them to pursue happiness¹. This question allows us to imagine quantifiable and obtainable goals for facilitating the successful incorporation of new arrivals in our society.

For example, a measurable goal could be providing affordable access to mental health services during the period in which refugees and immigrants are most likely to require professional interventions, rather than simply bundling such services

in with other health services which have a primary goal of infection control. This would imply funding services that may be accessed in the period of 1 to 7 years post arrival, in addition to the 5-month window immediately following resettlement of refugees.

Of course, it is entirely possible that preventive, educational mental health interventions made during this primary period would also reduce reliance on more expensive individual services in the longer term. In fact, it is unlikely that refugees would have the available resources to access traditionally organized mental health services in this very pressured period immediately subsequent to arrival. However, including psychoeducational groups on adjusting to the stress of resettlement, including components structured around grief, coping and the psychology of migration, within the educational package offered to newly arrived refugees may well have a potent prophylactic effect on their adjustment.

Such a program would also facilitate access to professional mental health services in the longer term, by providing familiarity with the structures and providers available in the community. Such a design would respond to longitudinal findings of both groups reported here, by offering support in the first 5 months, and then allowing for the provision of qualified services in the longer term, as is consistent with the longitudinal findings of the immigrant sample. Failure to arrange services in this manner is somewhat akin to offering reproductive services for a designated, short

¹ It has been observed before that the genius of the formulation of Thomas Jefferson, in composing the Declaration of Independence lay in the emphasis on the pursuit of happiness, rather than on any,

period post-puberty, but disallowing them in the time frame in which pregnancy is much more likely to occur.

The question of the distinction between services available to refugees and those offered immigrants arises within this context. Immigrants, and asylum seekers, actually have no facilitated entry to psychological services within the current structure. However, it is likely that the adjustment tasks confronted by newly arrived immigrants are not less stressful than those confronted by refugees. In fact, the absence of organized support likely magnifies them. Thus, outreach into the immigrant community would seem to be indicated.

This point offers an opportunity to reflect on the structure of the supply of mental health services to our society. In a period in which the inter-relationship of physical and mental health is winning more extensive agreement from the society at large, it is surprising to note the relative paucity of mental health services available to those of modest means in our society. The primary provision of psychotherapeutic services occurs within the context of private practice conducted by psychologists, psychiatrists, social workers and licensed professional counselors. Thus, qualified services are provided to those with the economic means, including third party payers such as insurance or Medicare, to pay directly for their treatment.

However, when consideration is given to the over-representation of immigrants among the large portion of society without such means, it becomes clear that, in effect, they are denied access to services. Services that this study, among

many others, implies would be beneficial to them in constructing a satisfying and productive life.

Of course, it must be noted that this effective denial of services extends to all of those in this society with modest financial resources. Thus, improving the mental health network for immigrants and refugees would likely also provide some pressure towards constructing an adequate network for the society as a whole.

In addition to the considerations outlined above, the findings regarding the relationship between acculturation attitudes and satisfaction also have implications for the design of appropriate services for refugees. Indeed, the implications would be important also for any community with a substantial immigrant population.

For instance, findings reported in the literature that an acculturation attitude of integration is related to positive mental health outcomes and to satisfaction with life, implies that the health of a community as a whole will be facilitated by the adoption, within the host community, of attitudes which allow, or even foster, integration.

This observation enters into the discussion presented by Berry (1997) of the distinction between an acculturation attitude – as an internally generated readiness to engage or disengage with either of the principal communities involved – and an acculturation strategy. The strategy, it will be recalled results from the effective interplay of the attitude of an individual and the opportunities afforded that individual by the host community and their own culture of origin. One of the principal implications of this for acculturation research is the need to assess the attitudes and

strategies employed by members of the host culture – particularly those members most likely to interact with newly arrived migrants.

One might reasonably ask what role mental health practitioners have in such a societal decision. The response to that, I believe, can best be found by referring to the various appropriate roles for a therapist outlined in Atkinson, Thompson & Grant (1993). These authors situate their proposal squarely within the framework of counselor interventions with clients confronted with acculturation tasks due to immigration.

Within this context, they note that the most effective way for counselors to assist clients in preventing problems, remediating extant difficulties and in making appropriate decisions may involve the adoption of a number of different roles. In order to identify the most useful role, they suggest an effective counselor should accurately assess the collocation of a client along three continua. The first is the locus of the etiology of the problem that brings the client to seek help, placed along a scale ranging from internal to external. The second assesses the goal of the relationship, from remediation to prevention. The final axis is labeled acculturation by these authors, but would be considered adjustment within the terminology adopted here.

According to the resultant collocation, Atkinson, et al. (1993) suggest a counselor might engage in psychotherapy (at the intersection of an internal locus of etiology, a goal of remediation and a high level of acculturation). However, the culturally competent counselor may also become an advocate in the case of a

collocation involving an external locus of etiology, remediation as a goal and low acculturation. Other roles would include a therapist facilitating the use of an indigenous support system, or even of an indigenous healing method, as well as a traditional counselor, consultant or agent of change.

Obviously, this calls on therapists to adopt an activist stance, in terms of becoming a responsible citizen in society, using their relative power to advocate for structures which favor positive outcomes for their current and potential clients, rather than limiting interventions to the strictly clinical relationship. Equally apparent is the need for an individual clinician to approach such treatment in a multi-disciplinary way. For example, facilitating access to appropriate services is a role for which Social Workers are more thoroughly trained than are psychologists or licensed counselors. Effective advocacy may well involve constructing coalitions even beyond the immediate professional field of mental health.

Thus, one implication of this is that mental health professionals should be engaged with policy makers and service providers in a broad effort to improve conditions of life for refugees, immigrants and other disadvantaged members of the community.

Limitations of this study

It is important to recognize the limitations inherent in this study. The first factor to note is the probability that there was a selection effect in the refugee sample which skewed the results toward more positive findings. This effect was likely present at many levels, beginning with the strong filtering process employed by the

Office of Refugee Resettlement in determining which refugees will be admitted to the United States. This requires a strong warning that any generalization of these findings outside the US would be exceptionally ill founded.

Further, there is a strong possibility that there was a self-selection effect. Among the refugees who attended the Refugee Health Screening Clinic, some gave permission to the nurses to forward their name to the principal investigator in this study, while others did not. While there is no way to be certain, it is possible that those refugees who felt most vulnerable, or with weak communication skills, or that were going through particularly difficult times may have differentially refused participation. Especially in a study with such a small number of participants, the inclusion of even a small number with such reasons for refusing authorization may well have changed the results dramatically.

Of course the sample size is not as large as would be preferable, although certainly sufficient to supply the power necessary for the analyses performed. However, a larger sample would have permitted inclusion of other variables in the analyses, such as change in SES. This would likely provide a better model of the contribution of the immigration experience to satisfaction with life.

The small cell numbers in the planned cross sectional analyses also resulted in an unfortunate inability to apply parametric tests to the question of whether satisfaction remains stable across time by comparing groups formed according to the length of presence in this country. This also undermined the response to the research

question dealing with whether there is a predictable pattern of adjustment to migration across time.

In addition, cross sectional designs include implicit limitations. For example, although one may have good reason for suspecting a cohort effect, these cannot be readily accounted for in the analyses. This may be particularly relevant in a study of refugees, given the ‘wave’ phenomenon described by Kunz (1973). This refers to the fact that refugees who arrive at the decision to flee at different points during a conflict may do so because of immense differences in circumstances.

To give an example relevant to the current study, Afghan refugees who fled their home during the period of a Taliban controlled state would quite likely differ markedly from refugees who have fled since the overthrow of that government. These differences may be ideological, but are apt to go even deeper than that. For instance, the more recent refugees may be in mourning for the loss of state structures largely coherent with their religious beliefs. In that case, the distress involved with attempting to acculturate to a more secular society would likely be more pronounced than in the case of earlier refugees fleeing precisely that religious regime.

This study was designed to be an exploratory look at the factors contributing to satisfaction with life of refugees. Thus, the regression analyses are correlational, which underlies the inability to draw causal inferences from the data. Therefore, it is not possible within the structure of this study to speculate about whether satisfaction, as a personality trait, contributes to the decision to migrate. Or whether, on the other

hand, the differences in satisfaction with life resulted from exposure to trauma or other stressors.

Further, the sample of refugees differs substantially from the sample of immigrants, both in terms of diversity of country of origin and in terms of some variables that might be reasonably expected to impact satisfaction, such as marital status and age. Even though the aim of this study was not to compare behavior between these groups, this divergence prevented analyses by a cross sectional design of the pattern of adjustment post-migration, despite sufficient available power.

Future directions of research

Despite the limitations noted above, the results of this study provide an intriguing springboard for further research in the field of acculturation. For example, the apparent mismatch with the Berry (1997) model of acculturation attitudes and strategies raises the question of what psychological factors are missing from our understanding of acculturation. It is probable that factors not included in this study would provide for a more complete representation of the phenomenon of adjustment post-resettlement.

It would appear possible that part of the difficulty with the measure of acculturation attitudes – and of the measurement of acculturation in general – is the uncertain theoretical basis for developing such measures. The literature clearly shows that the specific areas of cultural engagement measured by such instruments, such as language use, foods, understanding of historical figures and incidents, preferences with regard to mating behavior and social activity are important components. But the

framework of relationship between these areas and the psychological development of meaning related to them remains murky.

This would seem to be an area that would benefit from a reasoned combination of qualitative and quantitative methods. In fact, a logical next step would be a qualitative study of refugees resettled in the United States aimed at identifying the themes and events, as well as the attitudes towards the acculturation task, that would provide a more solid theoretical and observational basis for choosing variables expected to provide a stronger model of adjustment.

Along similar lines, qualitative work about the subjective evaluation of satisfaction with life in a refugee population would provide more information on which resettlement programs could be based. Such work should extend further back into the refugee ‘pipeline’ – that is, into the refugee camps, the temporary resettlement areas and even into the area of conflict itself in order to develop a better understanding of the relative impact of these various stages on the psychosocial outcomes of refugees after resettlement.

Not incidentally, this would also permit a clearer understanding of the impact of trauma on the process of adjustment. It would appear urgent, given the magnitude of the crisis of dislocation, to identify effective early intervention points for psychological support that would mitigate the longer-term consequences of exposure to trauma. Such qualitative work among refugee populations could provide valuable data for informing the eventual development of such programs.

Such an exploration of the relationship between trauma and adjustment of migrants would also be strengthened by a quasi-experimental design permitting classification of participants by degree of exposure to trauma, and type of trauma, as well as by the self-report of symptoms associated with post traumatic reactions. Such classification would be possible through either the use of structured interviews for the diagnosis of PTSD at any point during the process of seeking refuge, or through qualitative observations made in the area of conflict combined with longitudinal tracking techniques.

Appendix A

Consent Form

Satisfaction with Life of Newly Arrived Refugees: A Prospective Study

You are invited to participate in a study of the well being of refugees being resettled in the United States. My name is Neal A. Bowen, and I am a graduate student in Counseling Psychology at the University of Texas at Austin. This study is a component of my Dissertation, required for completion of my Doctor of Philosophy degree. I hope to learn what factors contribute to the satisfaction with life expressed by recently arrived refugees and immigrants, in order to help design the most effective programs of assistance to people confronting this experience. You were selected as a possible participant in this study because you are being resettled in the Austin, Texas area in 2001. You will be one of 150 participants invited to cooperate with this study.

If you decide to participate I will ask you to fill out five questionnaires now, and again in five months. If you prefer, you can respond verbally to the questions. It is expected that completion of these questionnaires will take about 30 to 45 minutes. There are no known risks associated with completing these questionnaires, but should they provoke any discomfort, you are entirely free to discontinue your participation. In addition, I will be happy to help you talk over that discomfort and/or help you find appropriate assistance in dealing with those feelings of discomfort.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential, to be disclosed to any other party only

with your written permission. No information which can be linked to you will be released to Caritas of Austin/Austin Area Interfaith Ministries or the Office of Refugee Resettlement - or any other organization or individual involved with services you may receive as a refugee.

Your decision whether or not to participate will not affect your future relations with the University of Texas at Austin or Caritas of Austin/Austin Metropolitan Ministries or the Office of Refugee Resettlement.

You are making a decision whether to participate each time. Your signature indicates that you have read the information provided and have decided to participate. **YOU MAY WITHDRAW AT ANY TIME AFTER SIGNING THIS FORM** should you decide to discontinue participation in this study.

If you have any questions, please ask me. If you have any additional questions later, you may contact me at Neal Bowen: 394-9622. Or you may contact the supervisors of this study: Stephanie Rude, Ph.D. and Ricardo Ainslie, Ph.D. at 471 4409. We will be happy to respond to any concerns you may have. You may keep a copy of this form.

Signature of Participant	Date
--------------------------	------

Signature of Investigator	Date
---------------------------	------

Appendix B

Measures

Thank you for agreeing to participate in this study. As you complete these questionnaires, please take care to respond using the number scale provided for each separate scale. Again, your responses will be anonymous in **all** reports or analyses that will be developed with the information you provide here. To begin, please provide the following information.

- 1) Age: _____ 2) Sex M _____ F _____
- 3) Nationality: _____ 4) Country of origin: _____
- 5) Years of formal education: _____ 6) Date of arrival in US: _____
- 7) Married __ Single __ Divorced __ Widowed __ Accompanied _____
- 8) How many children do you have? _____
- 9) How many children are with you in this country? _____
- 10) How many close family members are in this country? _____
- 11) Profession prior to migration: _____
- 12) Current profession: _____
- 13) Did you transit through another country en route? Yes _____ No _____
- 14) If so, which? _____ 15) How long did you spend there? _____
- 16) Have you spent time in a refugee camp? Yes _____ No _____
- 17) If yes, how long? _____ Years _____ Months

Code: _____

Satisfaction with Life Scale

Below are five statements with which you may agree or disagree. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

1 = strongly disagree

2 = disagree

3 = slightly disagree

4 = neither agree nor disagree

5 = slightly agree

6 = agree

7 = strongly agree

_____ 1) In most ways my life is close to ideal.

_____ 2) The conditions of my life are excellent.

_____ 3) I am satisfied with my life.

_____ 4) So far I have gotten the important things I want in life.

_____ 5) If I could live my life over, I would change almost nothing.

Los Angeles Symptom Checklist

This is a list of things that some people find difficult. Thinking back over the last two weeks, including today, to what extent are each of the following a problem for you? Respond using the following scale:

- | 0 | 1 | 2 | 3 | 4 |
|-------------------|-----------------------|----------------|--------------------|------------------------|
| No problem | Slight problem | Problem | Big problem | Extreme problem |
- 11. ____ Difficulty falling asleep
 - 12. ____ Restlessness
 - 13. ____ Nightmares
 - 14. ____ Irritability
 - 15. ____ Inability to express feelings
 - 16. ____ Tension and anxiety
 - 17. ____ Vivid memories of unpleasant prior experiences
 - 18. ____ Difficulty concentrating
 - 19. ____ Waking during the night
 - 20. ____ Difficulty with memory
 - 21. ____ Excessive jumpiness
 - 22. ____ Heart palpitations
 - 23. ____ Panic attacks
 - 24. ____ Avoidance of activities that remind you of prior unpleasant experiences
 - 25. ____ Trouble trusting others
 - 26. ____ Loss of interest in usual activities
 - 27. ____ Feeling emotionally numb

Hopkins Symptom Checklist – 21

How have you felt during the past 7 days, including today? Use the following scale to describe how distressing you have found these things over this time.

- | | 1 | 2 | 3 | 4 |
|-----|-------------------|-----------------|--------------------|------------------|
| | Not at all | A little | Quite a bit | Extremely |
| 1) | ___ | | | |
| 2) | ___ | | | |
| 3) | ___ | | | |
| 4) | ___ | | | |
| 5) | ___ | | | |
| 6) | ___ | | | |
| 7) | ___ | | | |
| 8) | ___ | | | |
| 9) | ___ | | | |
| 10) | ___ | | | |
| 11) | ___ | | | |
| 12) | ___ | | | |
| 13) | ___ | | | |
| 14) | ___ | | | |
| 15) | ___ | | | |
| 16) | ___ | | | |
| 17) | ___ | | | |
| 18) | ___ | | | |
| 19) | ___ | | | |
| 20) | ___ | | | |
| 21) | ___ | | | |

Stephenson Multigroup Acculturation Scale

Below are a number of statements that evaluate changes that occur when people interact with others of different cultures or ethnic groups. For questions that refer to 'COUNTRY OF ORIGIN' or "NATIVE COUNTRY," please refer to the country from which your family originally came. For questions referring to 'NATIVE LANGUAGE,' please refer to the language spoken where your family originally came from. Use the following scale for your response to each statement.

1 = False 2 = Partly False 3 = Partly True 4 = True

- 1) ____ I understand English, but I'm not fluent in English.
- 2) ____ I am informed about current affairs in the United States.
- 3) ____ I speak my native language with my friends and acquaintances from my country of origin.
- 4) ____ I have never learned to speak the language of my native country.
- 5) ____ I feel totally comfortable with (Anglo) American people.
- 6) ____ I eat traditional foods from my native country.
- 7) ____ I have many (Anglo) American acquaintances.
- 8) ____ I feel comfortable speaking my native language.
- 9) ____ I am informed about current affairs in my native country.
- 10) ____ I know how to read and write in my native language.
- 11) ____ I feel at home in the United States.
- 12) ____ I attend social functions with people from my ethnic group.
- 13) ____ I feel accepted by (Anglo) Americans.
- 14) ____ I speak my native language at home.
- 15) ____ I regularly read magazines of my ethnic group.

- 16) ____ I know how to speak my native language.
17) ____ I know how to prepare (Anglo) American foods.
18) ____ I am familiar with the history of my native country.

1 = False 2 = Partly False 3 = Partly True 4 = True

- 19) ____ I regularly read an American newspaper.
20) ____ I like to listen to music of my ethnic group.
21) ____ I like to speak my native tongue.
22) ____ I feel comfortable speaking English.
23) ____ I speak English at home.
24) ____ I speak my native language with my spouse or partner.
25) ____ When I pray, I use my native language.
26) ____ I attend social functions with (Anglo) American people.
27) ____ I think in my native language.
28) ____ I stay in close contact with family members and relatives in my native country.
29) ____ I am familiar with important people in American history.
30) ____ I think in English.
31) ____ I speak English with my spouse or partner.
32) ____ I like to eat American foods.

References

- Ainslie, R. C. (1998). Cultural mourning, immigration, and engagement: Vignettes from the Mexican Experience. In M. M. Suárez-Orozco (Ed.), *Crossings: Mexican Immigration in Interdisciplinary perspective* (pp.283-300). Cambridge, MA: Harvard University.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders*, 4th Edition. Washington, DC: American Psychiatric Association.
- Andreas, P. (1998). The U.S. immigration control offensive: Constructing an image of order on the southwest border. In M. M. Suárez-Orozco (Ed.), *Crossings: Mexican Immigration in Interdisciplinary perspective* (pp.341-356). Cambridge, MA: Harvard University.
- Anzaldúa, G. (1999). *Borderlands, La Frontera: The new mestiza* (2nd Ed.). San Francisco: Aunt Lute Books.
- Atkinson, D. R., Thompson, C. E., & Grant, S. K. (1993). A three-dimensional model for counseling racial/ethnic minorities. *The Counseling Psychologist*, 21, 257-277.
- Basoglu, M., Jaranson, J. M., Mollica, R., & Kastrup, M. (2001). Torture and mental health: A research overview. In E. Gerrity, T. M. Keane, & F. Tuma (Eds.), *The mental health consequences of torture* (pp. 35-62). New York: Kluwer Academic/Plenum.

- Beiser, M. (1990). Mental health of refugees in resettlement countries. In W.H. Holtzman, & T.H. Bornemann (Eds.), *Mental Health of Immigrants and Refugees: Proceedings of a Conference Sponsored by Hogg Foundation for Mental Health and World Federation for Mental Health* (pp.143-154). Austin, Tx.: Hogg Foundation for Mental Health.
- Berry, J.W. (1991). Refugee adaptation in settlement countries: An overview with an emphasis on primary prevention. In F.L. Ahearn & J.L. Atley, (Eds.), *Refugee children: Theory, research and services* (pp. 20 – 38). Baltimore, MD: Johns Hopkins University Press.
- Berry, J.W. (1997). Immigration, acculturation and adaptation. *Applied Psychology: An International Review*, 46, 5-33.
- Brettell, C. B. & Hollifield, J. F. (Eds.). (2000a). *Migration theory: Talking across disciplines*. (pp. 1-26). New York: Routledge.
- Brettell, C. B. & Hollifield, J. F. (2000b). Introduction. In C. B. Brettell & J. F. Hollifield, (Eds.) *Migration theory: Talking across disciplines*. (pp. 1-26). New York: Routledge.
- Brickman, P., Coates, D. & Janoff-Bulman, R. (1976). Lottery winners and accident victims: Is happiness relative? *Journal of Personality and Social Psychology*, 36, 917-927.
- Capdevila, G. (2002). Europe Alarmist on Refugee Question, Says UN. Retrieved June 3, 2002, from <http://rd.yahoo.com/dailynews/oneworld>.

- Cepeda-Benito, A., & Gleaves, D. (2000). Cross-ethnic equivalence of the Hopkins symptom checklist-21 in European American, African American, and Latino college students. *Cultural Diversity and Ethnic Minority Psychology*, 6, 297-308.
- Cornelius, W. A. (1998). The structural embeddedness of demand for Mexican immigrant labor: New evidence from California. In M. M. Suárez-Orozco (Ed.), *Crossings: Mexican Immigration in Interdisciplinary perspective* (pp.113-144). Cambridge, MA: Harvard University.
- Dadfar, A. (1994). The Afghans: Bearing the scars of a forgotten war. In A. J. Marsella, T. Bornemann, S. Ekblad, & J. Orley (Eds.), *Amidst peril and pain: The mental health and well being of the world's refugees* (pp. 125-139). Washington, DC: American Psychological Association.
- de Girolomo, D. & Marchiori, E. (1995). Traumi e vittime: epidemiologia del disturbo post-traumatico da stress. *Epidemiologia e Psichiatria Sociale*, 4, 110-144.
- de Jong, J.T.V.M. (1995). Prevention of the consequences of man-made or natural disaster at the (inter)national, the community, the family, and the individual level. In S. E. Hobfall & M. V. de Vries (Eds.) *Extreme stress and communities: Impact and intervention* (pp. 207-228). Dordrecht, the Netherlands: Kluwer Academic.
- de Vries, J., & van Heck, G.L. (1994). Quality of life and refugees. *International Journal of Mental Health*, 23, 57-75.

- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-75.
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: three decades of progress. *Psychological Bulletin*, 125, 276-302.
- Doná, G. & Berry, J.W. (1994). Acculturation attitudes and acculturative stress of Central American refugees. *International Journal of Psychology*, 29, 57-70.
- Fagen, P. W. (1990). Worldwide refugees: Problems of disruption, fear and poverty. In W. H. Holtzman & T. H. Bornemann, (Eds.), *Mental health of immigrants and refugees* (pp. 7 –15). Hogg Foundation for Mental Health: Austin, TX.
- Flaherty, J. A., Kohn, R., Levav, I., & Birz, S. (1988). Demoralization in Soviet-Jewish immigrants to the United States and Israel. *Comprehensive Psychiatry*, 29, 588-597.
- Furnham, A. & Bochner, S. (1986). *Culture shock: Psychological reactions to unfamiliar environments*. New York: Methuen.
- Gerrity, E., Keane, T. M., & Tuma, F. (2001). Introduction. In E. Gerrity, T. M. Keane, & F. Tuma, (Eds.) *The Mental Health Consequences of Torture* (pp. 3-12). Kluwer Academic/Plenum: New York.
- Gonzalez Baker, S., Bean, F. D., Escobar Latapi, A., & Weintraub, S. (1998). U. S. immigration policy and trends: The growing importance of migration from Mexico. In M. M. Suárez-Orozco (Ed.), *Crossings: Mexican Immigration in Interdisciplinary perspective* (pp.79-105). Cambridge, MA: Harvard University.

- Grinberg, L. & Grinberg, R. (1989). *Psychoanalytic perspectives on migration and exile* (N. Festinger, Trans.). New Haven, CT: Yale University Press. (Original work published 1984)
- Gutiérrez, D. G. (1998). Ethnic Mexicans and the transformation of “American” social space: Reflections on recent history. In M. M. Suárez-Orozco (Ed.), *Crossings: Mexican Immigration in Interdisciplinary perspective* (pp.307-335). Cambridge, MA: Harvard University.
- Hagan, J. (1998). Commentary. In M. M. Suárez- Orozco (Ed.), *Crossings: Mexican Immigration in Interdisciplinary perspective* (pp.357-361). Cambridge, MA: Harvard University.
- Hidalgo, R. B., & Davidson, J. R. T. (2000). Posttraumatic stress disorder: Epidemiology and health-related considerations. *Journal of Clinical Psychiatry*, 61 (suppl. 7), 5-13.
- Horenczyk, G. (1996). Migrant identities in conflict: Acculturation attitudes and perceived acculturation ideologies. In G. M. Breakwell and E. Lyons (Eds.), *Changing European Identities: Social Psychological Analyses of Social Change*, (pp 241-250). Oxford, UK: Butterworth-Heinemann.
- Horenczyk, G. (1997). Immigrants’ perception of host attitudes and their reconstruction of cultural groups. *Applied Psychology: An International Review*, 46, 34-38.
- Hyndman, J. (1997). Border crossings. *Antipode*, 29, 149-176.

- Kahneman, D., Diener, E. & Schwarz, N. (1999). Preface. In D. Kahneman, E. Diener & N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology*, (pp ix-xii). New York: Russell Sage Foundation.
- Keane, T. M., Weathers, F. W., & Foa, E. B. (2000). Diagnosis and assessment. In Foa, E. B., Keane, T. M. (Eds.), *Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies* (pp. 18-36). New York: The Guilford Press.
- King, L. A., King, D. W., Leskin, G., & Foy, D. W. (1995). The Los Angeles Symptom Checklist: A self-report measure of Posttraumatic Stress Disorder. *Assessment*, 2, 1-17.
- Kinzie, J. D. & Jaranson, J. M. (2001). Refugees and asylum seekers. In E. Gerrity, T. M. Keane, & F. Tuma (Eds.), *The mental health consequences of torture* (pp. 111-120). Kluwer Academic/Plenum: New York.
- Kinzie, J. D., Sack, W. H., Angell, R. H., & Clarke, G. (1989). A three-year follow-up of Cambodian young people traumatized as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 501-504.
- Kinzie, J. D., Sack, W. H., Angell, R. H., & Manson, S. (1986). The psychiatric effects of massive trauma on Cambodian children: I The children. *Journal of the American Academy of Child Psychiatry*, 25, 370-376.
- Kunz, E. F. (1973). The refugee in flight: Kinetic models and forms of displacement. *International Migration Review*, 7, 125-146.

- Kunz, E. F. (1981). Exile and resettlement: Refugee theory. *International Migration Review*, 15, 42-51.
- Lammers, E. (1999). *Refugees, gender and human security: A theoretical introduction and annotated bibliography*. Utrecht, the Netherlands: International Books.
- Lang, J. G., Muñoz, R. F., Bernal, G., & Sorensen, J. L. (1982). Quality of life and psychological well-being in a bicultural Latino community. *Hispanic Journal of Behavioral Sciences*, 4, 433-450.
- Lerner, Y., Mirsky, J., & Barasch, M. (1994). New beginnings in an old land: refugee and immigrant mental health in Israel. In A. J. Marsella, T. Bornemann, S. Ekblad, & J. Orley (Eds.), *Amidst Peril and Pain: The Mental Health and Well Being of the World's Refugees* (pp. 153-189). Washington, DC: American Psychological Association.
- Loue, S. (1998). Defining the immigrant. In S. Loue (Ed.), *Handbook of Immigrant Health* (pp 19-36). New York: Plenum.
- Lucas, R. E., Diener, E., & Suh, E. (1996). Discriminant validity of well-being measures. *Journal of Personality and Social Psychology*, 71, 616-628.
- Markley, J. J. (1990). *Bonds in the asylum context: The treatment of Central American refugees in Texas*. UT Austin: Thesis for M. A. (Henry Dretz, Supervising Professor)
- Marsella, A.J., Bornemann, T., Ekblad, S., & Orley, J. (1998). Introduction. In A. J. Marsella, T. Bornemann, S. Ekblad, & J. Orley (Eds.), *Amidst peril and pain:*

- The mental health and well-being of the world's refugees* (2nd. Ed.).(pp.1-13).
Washington, D.C.: American Psychological Association.
- Marsella, A. J., Friedman, M. J., Spain, E. H. (1994). Ethnocultural aspects of posttraumatic stress disorder. In R. S. Pynoos, (Ed.), *Posttraumatic stress disorder: A clinical review*. (pp 17-41). Lutherville, MD: The Sidran Press.
- Martín-Baró, I. (1989) Political violence and war as causes of psychosocial trauma in El Salvador. *International Journal of Mental Health*, 18, 3-20.
- Mayotte, J. (1992). *Disposable people? The plight of refugees*. Maryknoll, New York: Orbis Books.
- Misra, R. K. (1992). Epilogue. *Psychology and Developing Societies*, 4, 213-216.
- Montgomery, J. R. (1996). Components of refugee adaptation. *International Migration Review*, 30, 679-702.
- Myers, N. (1997). Environmental refugees. *Population and Environment: a Journal of Interdisciplinary Studies*, 19, 167-182.
- Neto, F. (1995). Predictors of satisfaction with life among second generation migrants. *Social Indicators Research*, 35, 93-116.
- Nguyen, S.D. (1984). Mental health services for refugees and immigrants. *The Psychiatric Journal of the University of Ottawa*, 9(2), 85-91.
- Parham, T. A. (1993). White researchers conducting multicultural counseling research: Can their efforts be "mo betta"? *Counseling Psychologist*, 21, 250-256.

- Pernice, R. & Brook, J. (1996). The mental health pattern of migrants: Is there a euphoric period followed by a mental health crisis? *International Journal of Social Psychiatry*, 42, 18-27.
- Piontkowski, U., Florak, A., Hoelker, P. & Obdržálek, P. (2000). Predicting acculturation attitudes of dominant and non-dominant groups. *International Journal of Intercultural Relations*, 24, 1-26.
- Porter, M. & Haslam, N. (2001). Forced displacement in Yugoslavia: A meta-analysis of psychological consequences and their moderators. *Journal of Traumatic Stress*, 14, 817-834.
- Rousseau, C., Drapeau, A. & Corbin, E. (1997). The influence of culture and context on the pre- and post-migration experience of school-aged refugees from Central America and Southeast Asia in Canada. *Social Science and Medicine*, 44, 1115-1127.
- Rudmin, F. & Ahmadzadeh, V. (1999). The psychometrics of acculturation measures: A study of Iranian refugees in Norway. (In press).
- Rumbaut, R.G. (1985). Mental health and the refugee experience: A comparative study of Southeast Asian refugees. In *Southeast Asian Mental Health: Treatment, Prevention, Services, Training and Research* (DHSS Publication No. ADM 85-1399), pp. 433-485. Washington, DC: US Government Printing Office.
- Rumbaut, R. G. (1991). The agony of exile: A study of the migration and adaptation of Indochinese refugee adults and children. In F. L. Ahearn & J. L. Atley

- (Eds.), *Refugee Children: Theory, Research and Services* (pp 53-91).
Baltimore, MD: Johns Hopkins University Press.
- Schützwohl, M., Maerker, A. & Manz, R. (1999). Long term posttraumatic stress reactions, coping and social support: A structural equation model in a group of former political prisoners. In A. Maerker, M. Schützwohl, & Z. Solomon (Ed.), *PTSD: A Lifespan Developmental Perspective* (pp. 201-220). Seattle, WA: Hogrefe & Huber.
- Shuval, J. T. (1993). Migration and stress. In L. Goldberger & S. Breznitz (Eds.), *Handbook of Stress: Theoretical and Clinical Aspects* (pp. 641-657). New York: The Free Press.
- Sluzki, C. E. (1979). Migration and family conflict. *Family Process*, 18, 379-390.
- Sluzki, C.E. (1986), Migration and family conflict. In R.H. Moos, (Ed.), *Coping with life crises* (pp 277-288). New York: Plenum.
- Smart, J.F. & Smart, D.W. (1995a). Acculturative stress: The experience of the Hispanic immigrant. *The Counseling Psychologist*, 23, 25-42.
- Smart, J.F. & Smart, D.W. (1995b). Acculturative stress of Hispanics: Loss and challenge. *Journal of Counseling and Development*, 73, 390-396.
- Somasundaram, D. J., & Sivayokan, S. (1994). War trauma in a civilian population. *British Journal of Psychiatry*, 165, 524-527.
- Steel, Z. & Silove, D. (2000). The psychosocial cost of seeking and granting asylum. A. Y. Shalev, R. Yehuda, & A. C. McFarlane (Eds.) *International handbook*

- of human response to trauma* (pp.51-66). New York: Kluwer Academic/Plenum.
- Stephenson, M. (2000). Development and validation of the Stephenson Multigroup Acculturation Scale (SMAS). *Psychological Assessment*, 12, 77-88.
- Suh, E., Diener, E., & Fujita, F. (1996). Events and subjective well-being: Only recent events matter. *Journal of Personality and Social Psychology*, 70, 1091-1102.
- Suh, E., Diener, E., Oishi, S., & Triandis, H.C. (1998). The shifting basis of life satisfaction judgments across cultures: Emotions versus norms. *Journal of Personality and Social Psychology*, 74, 482-493.
- Swain, A. (1996). Environmental migration and conflict dynamics: Focus on developing regions. *Third World Quarterly*, 17, 959-973.
- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Thousand Oaks, CA.: Sage.
- United Nations High Commissioner for Refugees. (2000). *The state of the world's refugees*. Oxford: Oxford University Press.
- UNHCR (United Nations High Commissioner for Refugees). (2000a). <http://www.unhcr.ch/statist/99oview/tab101.pdf>, September 5, 2000.
- USCR (USA for UNHCR). (2000). <http://www.peaceforall.com>, accessed September 5, 2000.
- Waddell, B. (1998). United States immigration: A historical perspective. S. Loue, (Ed.) *Handbook of Immigrant Health* (pp. 1-17). New York: Plenum Press.

- Westermeyer, J. (1989). Cross-cultural care for PTSD: Research, training and service needs for the future. *Journal of Traumatic Stress*, 2, 515-536.
- Yehuda, R. (2000). Biology of posttraumatic stress disorder. *Journal of Clinical Psychiatry*, 61 (suppl. 7), 14-21.
- Yehuda, R. & Mc. Farlane, A. C. (1995). Conflict between current knowledge about Posttraumatic Stress Disorder and its original conceptual basis. *American Journal of Psychiatry*, 152, 1705-1713.
- Young, A. (2000). An alternative history of traumatic stress. In A. Y. Shalev, R. Yehuda, & A. C. McFarlane (Eds.) *International handbook of human response to trauma* (pp.51-66). New York: Kluwer Academic/Plenum.
- Zwi, A. & Ugalde, A. (1989). Towards an epidemiology of political violence in the third world. *Social Science and Medicine*, 28, 633-642.

VITA

Neal Anthony Bowen was born in Ft. Worth, Texas on March 7, 1955, the son of Martha Plemmons Bowen and William Rush Bowen, Sr. After completing work at Bishop Moore High School, Orlando, Florida in 1973, he attended Valencia Community College and the University of Central Florida. He was a teacher of English and Italian in Italy and Switzerland from 1983 to 1993. During this time he also worked with non-governmental organizations defending Human Rights in war zones, including Guatemala and Sri Lanka. He was the founder of Peace Brigades International in Italy. He received the degree of Bachelor of Arts from the University of the Islands, Milan, Italy in 1993. He also received a Bachelor of Arts degree from the University of Texas at Austin in 1997 and the Master of Arts from the University of Texas in 1999. He entered the Graduate School of The University of Texas at Austin in August 1997.

Permanent Address: 1030 Thorp Hwy. S., Ellensburg, WA 98926

This dissertation was typed by the author.